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The Survival of Suggestion: Charles Lloyd Tuckey and British Medical Hypnotism (1888-1914)

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A Medical Humanities thesis presented in satisfaction of the
requirements of the degree of Doctor of Philosophy

Department of English, Theatre and Creative Writing
Birkbeck College, University of London

September 2020

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Name..... Gordon David Lyle Bates..... Date.....30th August 2020.....

Abstract

The emergence of therapeutic hypnotism or suggestive therapy at the end of the nineteenth century in Britain has been conceived as a primitive, irrelevant or even preposterous form of fringe medicine. However, this thesis argues that hypnotism while dismissed for its associations with spiritualism, popular Victorian entertainment and quackery, can be profitably understood as an important form of early psychotherapy and a potent technique for inducing the body's own healing through the placebo effect. It centres on the life of Charles Lloyd Tuckey, a successful London society doctor who was the first to advocate the 'New Hypnotism' in the United Kingdom despite strong resistance within the general public and the medical profession. Largely overlooked today, Lloyd Tuckey's life, work and correspondence shed light on a significant occluded chapter of both medical history and popular culture, and the intersection and interaction of the two.

Offering new critical and historical approaches, this thesis provides insights into the potent cross-fertilization between the emerging discipline of psychology with psychical research, faith-healing, occultism, popular opinion and fiction. It examines the reasons behind the improbable success of the New Hypnotists. It highlights the importance of the change of explanatory model from the medical doctrine of imagination to the emerging psychology movement's novel concept of 'suggestion'. It employs Gieryn's concept of boundary-work to look at the battle for legitimacy within medical culture. It also considers Lloyd Tuckey's work in relation to the societal response to hypnotism and suggestion within popular culture. Analysed in this literary and historical context, Tuckey's work demonstrates the complexity of early British dynamic psychiatry and his life story helps to support an alternative non-Freudian account of British eclectic mind cures. It also provides useful lessons for contemporary practice: understanding the historiography of orthodox medical histories and the importance and enigma of the placebo effect.

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12. A hysterical patient 'under the influence of pleasing impressions' and 'Hypnotically induced astonishment', illustrations by Paul Richer in Ernest Hart, *Hypnotism, Mesmerism and the New Witchcraft* (1896) (London: Smith Elder).

Abbreviations

BHS	British Homeopathic Society
<i>BJH</i>	British Journal of Homeopathy
BMA	British Medical Association
<i>BMJ</i>	British Medical Journal
CLT	Charles Lloyd Tuckey
FH	Faith-Healing as a Medical Treatment (article by CLT in <i>Nineteenth Century</i> journal)
JMS	Journal of Mental Science
RLHH	Royal London Homeopathic Hospital
MPC	Medico-Psychological Clinic (also known as the Brunswick Square Clinic)
MSSST	Medical Society for the Study of Suggestive Therapy
MTHG	Medical Times and Hospital Gazette
PMS	Psycho-Medical Society
RB	‘The Red Bracelet’ (a short story by L.T. Meade)
SPR	Society for Psychical Research
SRIA	Societas Rosicruciana in Anglia
TP	<i>The Parasite</i> (a novella by Arthur Conan Doyle)

Acknowledgements

I have often wondered who reads the acknowledgements and at whom they are aimed. For one, I like to read them. For me, this part of any work represents a fascinating glimpse into both the oily spluttering machinery that lies under the gleaming bonnet of the creation and the often quotidian domesticity of the creator. It is the chance to see behind the curtain of the Great Oz and observe the support team that made it all possible. Therefore, for me it is particularly important that I mention the people that I owe.

For their practical help I must thank Peter Henderson, the school archivist at King's school, Canterbury; Sue Young, internet historian for her vast online resource on homeopathy and the Golden Dawn and for her help with re-finding her original sources for me; Francis Maunze, Archivist at the Royal College of Psychiatrists; and Wendy Townsend and her staff, Lead Librarian at Coventry and Warwickshire Partnership Trust. Special mention must go to the anonymous librarians at the National Archive at Kew, the National Library of Scotland, Aberdeen University Special Collections and Allard Pierson library, Amsterdam University.

This work would be much poorer without the conceptual contributions of many people. I found my peer group of Arts and Humanities students very welcoming and sustaining over the long four years of researching and writing. Prof. Sue Wiseman's guiding hand and the visiting speakers helped me to grasp the varieties and pitfalls of the academic long form. Sue also helped to keep the process fun and playful. Jeremy Newton and Jen Moriarty were thoughtful conversationalists and excellent fellow sufferers. I am grateful to Stephen Clucas for his help with matters Paracelsian and to Jo Brooker with Birkbeck's extraordinary research expenses fund. The historians, Mathew Thomson and Philip Kuhn were generous with their time and supportive of my efforts exploring in their domains.

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I should mention too, William Hughes and Rhodri Hayward, the two examiners of the thesis. Jointly their helpful suggestions helped me to tighten the focus on Lloyd Tuckey and alerted me to my omissions in his story.

Finally, a word about my wife and sons, Vanessa, Gulliver and Kingsley. They have had to put up with my mental and physical absence over the last few years. They have heard more stories about Charles Lloyd Tuckey than anyone else has since his lifetime. They have witnessed me tell the same stories to their friends and rarely complained. They have supported me in the completion of one of the most arduous and narcissistic exercises in delayed gratification and I thank them.

Note:

The typeface is Libre Baskerville, an attractive Victorian-looking font and a name which links Birmingham, my home, with Conan Doyle and Umberto Eco. It just seemed right.

Introduction

The end of the nineteenth century was the time when a powerful new medical therapy moved from France to Britain provoking anxiety among the public and medical practitioners about its mode of action and its safety. That new technology, medical hypnotism, left a significant impact on British cultural life and there was considerable interplay between the spheres of medical and popular culture which were, and still are, usually conceived as separate. Medicine is often seen as a ‘culture without a culture’, particularly by those within the profession.¹ This thesis uses the life of the British physician Charles Lloyd Tuckey to critically examine the impact of medical hypnotism at this time, the complex interactions between the two cultures and to look at the implications Victorian medical hypnotism has for medicine today.

The principal research questions for this work are what were the factors that led to the acceptability and legitimization of medical hypnotism and what role did the Charles Lloyd Tuckey play in this process? It will demonstrate the reasons for the unlikely rise of British medical hypnotism, the important role of the new concept of suggestion, the immediate medical and societal response and the longer-term consequences for the psychotherapies and wider popular culture. This thesis takes a novel social and cultural historical approach to demonstrate the contexts, the interplay and the change of explanatory model that suddenly made the therapeutic trance state acceptable to the general public and physicians alike in the 1890s.

As a researcher collocated in the humanities and practising medicine, I have found that examining the historical events and the complexities of medical culture requires the tools, techniques and theories of the humanities and social sciences but my personal experience as a practising physician has also been invaluable to this thesis. It has provided me with a lived sense of medical culture, the perils of straying beyond medical orthodoxy and it has been invaluable for the understanding of many of the medical texts and the tensions and complexities of the doctor-patient encounter.

Though I cover conventional biographical aspects of the life of Charles Lloyd Tuckey, this PhD thesis is also a history of psychological concepts which means that several key problems must be addressed. The historian of mental science must wrestle with the sequelae of attempting to define subjective experiences that have

¹ Janelle Taylor, ‘Confronting Medicine’s “Culture of no Culture”’, *Academic Medicine*, 78 (2003) 555-9 (p. 558).

no external reality.² This leads to three related problems: ideas, concepts and feelings have historically and geographically unstable definitions. Do people mean the same thing when they use the same term over time and in different places? Second, the recursive nature of psychological 'kinds' or concepts leads to an ongoing feedback loop between these concepts, the language we use and the people and cultures from which they emerge. This iterative and reflexive process means that psychological constructs are never fixed and constantly evolve and in turn effect the societies that use them. The process was first described by the philosopher of science and historian, Ian Hacking.³ Finally, theories of mental functioning do not necessarily originate or have their impact solely within mental science. This means that the ideas may be devised or shaped by philosophers, legal cases, fictions, medical advances and even alchemists. In this way the historian must traverse multiple academic disciplinary boundaries to gain a true picture and to demarcate likely areas of significant discourse from more peripheral ones.

The medical humanities is a relatively new and still contested academic discipline which continues to evolve. Starting as a pedagogical approach to assist the development of empathy skills in medical students it has become a form of interdisciplinary and intradisciplinary critical research. I will show that this interdisciplinary perspective is an ideal way to undertake this kind of historical and cultural investigation. Historians Joel Pfister and Nancy Schnog advocated interdisciplinarity when they grappled with defining what constituted psychology within historical research. In their influential interdisciplinary collection of essays *Inventing the Psychological*⁴ they suggest that it was so hard to define psychology because it had infiltrated so many aspects of American cultural life. In order to interrogate the history of psychology Pfister's states:

I contend that [we need to] think in more sophisticated and creative ways about the formation and exercise of cultural power draped in "psychological" authority - power that has assumed shapes that are sometimes fairly obvious, sometimes revealingly subtle.⁵

² Rhodri Hayward, 'Medicine and the Mind', Ch. 29 in *The Oxford Companion to the History of Medicine*, ed. by Mark Jackson (Oxford: Oxford University Press, 2010).

³ Ian Hacking, 'The Looping Effects of Human Kinds', Ch. 12 in *Causal Cognition: A Multidisciplinary Debate*, ed. by Dan Sperber, David Premack, Ann Premack, (New York: Oxford University Press, 1995) (pp. 351-83).

⁴ Joel Pfister and Nancy Schnog, *Inventing the Psychological: Toward a Cultural History of Emotional Life in America* (New Haven and London: Yale University Press, 1997).

⁵ Joel Pfister, 'On Conceptualizing the Cultural History of Psychological and Emotional Life in America' Ch. 2 in Pfister and Schnog, *Inventing the Psychological* pp. 17-59 (p. 37).

In this spirit, this thesis will advance a new history of British medical hypnotism and the importance of Lloyd Tuckey, examining a variety of sources and using a range of models from various academic disciplines. Since this will be the first ever biographical account, I will also consider the reasons for the scholarly neglect of his life and work.

Lloyd Tuckey's work is not entirely unknown. The first edition of his book, *Psycho-Therapeutics: or Treatment by Hypnosis and Suggestion* was reprinted in 1998 as part of a collection of the fifty most influential psychological works published between 1855 and 1914.⁶ While the editor Robert Wozniak tries to put all of the fifty works in the context of their author's life and times, for *Psycho-Therapeutics* he simply states that 'biographical information on Tuckey is not readily available.'⁷ This thesis will aim to fill in some of the gaps in his elliptical life in the absence of personal archive or surviving family papers

British medicine is not one of 'no culture' nor one of pure objective science. The sociology of professionalism is a useful way to understand how legitimacy is conferred within such a culture. It is helpful to understand not only the process of acceptance or rejection of new ideas into contemporary practice but also the decisions about what came to be recorded into the established and orthodox medical histories. This helps to account for the neglect of Tuckey's work and the story of medical hypnotism. The US sociologist Thomas Gieryn's concept of 'boundary-work' and his observation of the way that scientific authenticity can be used to privilege certain forms of knowledge in professional disputes, have been very helpful and I use them throughout the thesis.⁸

In 1983, Gieryn introduced this helpful geographical metaphor as a way to illuminate the ways that the 'domain' of a professional or disciplinary group is first discovered and established then demarcated from others and then policed. Gieryn suggested that considerable advantages accrue from belonging to established professional groups and that the difference between members and non-members are socially created. Members select attributes which are characteristic of their institution, 'its practitioners, methods, stock of knowledge, values and work

⁶ Charles Lloyd Tuckey, *Classics in Psychology: Psycho-Therapeutics: or Treatment by Hypnosis and Suggestion* Vol 26, ed. by Robert Wozniak (Bristol, Thoemmes Press, 1998). Hereafter in the footnotes CLT.

⁷ Robert Wozniak, 'Tuckey Psycho-Therapeutics', *Classics in Psychology, 1855-1914: Historical Essays* (London: Thoemmes Continuum, 1998) pp. 100-2 (p. 100).

⁸ Thomas Geiryn, 'Boundary-Work and the Demarcation of Science from Non-Science: Strains and Interests in Professional Ideologies of Scientists', *American Sociological Review*, 48 (1983) (pp. 781-95).

organization for purposes of constructing a social boundary.⁹ More controversially, he turned his attention to scientific disciplines and observed the struggle that philosophers of science like Karl Popper had had in finding a clear definition for science as an academic discipline. Gieryn went on to propose that scientific disciplines themselves are socially created rather than natural. He identified a specific ideological style that he found in scientists' attempts to create a public image for science by contrasting it favourably to non-scientific intellectual or technical activities.

One of the examples Gieryn used in his original paper, was the methods adopted by Edinburgh anatomists in the course of the battle for scientific credibility of phrenology: 'The debate over phrenology illustrates how one group of scientists draws a boundary to exclude another also claiming to be scientific.'¹⁰ Recently, historians like Heather Wolfram and Kim Hajek have found this framework useful as a way of making sense of the border skirmishes which surrounded the arrival of medical hypnotism in late nineteenth century Germany and France, respectively.¹¹ I have also found this a key conceptual scaffold for looking at the events that shaped the legitimisation of medical hypnotism in Britain.

I have uncovered substantial new archival and collated print journal information for the first time to create the first biography and modern appraisal of Lloyd Tuckey. His correspondence with the Dutch psychiatrist Frederik van Eeden, located in an archive at Amsterdam University library, has not previously been used. To provide the context for these letters and the legitimisation of medical hypnotism I will closely track the changes in meaning for the terms of imagination, suggestion, mesmerism and hypnotism. My account will also examine the motives behind the various historiographies that are evident in the various available historical narratives. I will use Lloyd Tuckey's life, works and networks to explore the evolving cultural and medical background and to illustrate the overdetermined nature of medical hypnotism between 1889 and his death in 1925.

A principal justification for the recovery of the contributions of Lloyd Tuckey, is my discovery of his significance and stature to his contemporaries. He was widely-

⁹ Gieryn, 'Boundary-Work' (p. 782).

¹⁰ Gieryn, 'Boundary-Work' (p. 788).

¹¹ Heather Wolfram, "'An Object of Vulgar Curiosity': Legitimizing Medical Hypnosis in Imperial Germany', *Journal of the History of Medicine and Allied Sciences*, 67 (2012) (pp. 149-76); Kim Hajek, "'A Potion of Truth': Demarcating the Boundaries of Scientific Hypnotism in Late Nineteenth-Century France', *Notes and Records*, 71 (2017) (pp. 125-39).

known and had links with many important institutions. His networks are a clear indicator of his breadth of influences. In addition to his wealthy patient group and his high social standing, he had strong medical connections with elite physicians as a result of his writing and his clubs. He was a member of the Hermetic Society of the Golden Dawn, the Freemasons and the radical educational group the Sesame Club. He was a longstanding member and then council member of the Society for Psychical Research (SPR), an important intellectual organisation that sought to explain previously inexplicable phenomena using the tools of science. He was the natural choice to chair the Medical Society for the Study of Suggestive Therapy (MSSST), a new medical organisation set up to investigate hypnotism and suggestion in the early years of the twentieth century. A few years later, he was also invited to sit on the joint medical and ecclesiastical commission set up in 1910 to investigate faith-healing.

Another key archival find was a letter written in 1919 from a group of the most eminent of British doctors, psychologists, scientists and philosophers to the Home Secretary, Edward Shortt, requesting a civil list pension on behalf of a grateful nation for Lloyd Tuckey's services. They included physicists, fellow psychical researchers and Royal Society fellows, Oliver Lodge and William Barrett as well as elite physicians like William Osler, who had revolutionised clinical medicine in Britain and North America. Another doctor was Charles Myers who had authored the first paper on 'shell shock'. In their letter they declare that 'Dr. Tuckey's work has prepared the way for the recent great increase of the practice of psychotherapeutics, a branch of medicine which, after long neglect in this country, is generally recognised as one of the first importance.'¹²

My main claim for Lloyd Tuckey's historical significance lies in his legitimizing hypnotism and in so doing, laying the foundations for British psychotherapies in the early twentieth century. The means that he used are demonstrated by a photographic portrait and the discussion of his work in a celebrity magazine and the collation and contextual analysis of his published medical and lay writing.¹³ These sources clearly demonstrate that both the public and his eminent contemporaries in medicine, early psychology and other natural sciences were aware of his work and understood the significance of his contribution.

¹² T W Mitchell et al, Memorial on behalf of Charles Lloyd Tuckey (1919) *Bounty Fund, National Archive* (PROT1/12460 C677293). I have transcribed the letter for the preface on page 11. A copy of the original letter is found in Appendix 2.

¹³ Œd, 'Charles Lloyd Tuckey', *Our Celebrities*, 45 (June 1892) (pp. 2-4).

Lloyd Tuckey was one of England's foremost medical hypnotists at the end of nineteenth century, the time of its highest profile in British cultural life. In his lifetime he was acknowledged as the driving force behind the 'New Hypnotism' with his work, *Psycho-Therapeutics*. The book ran to seven editions between 1889 and 1921 and was translated into French, German and Dutch and to his annoyance repeatedly pirated for the American market. In the first chapter, I have put together an account of the early life of Lloyd Tuckey, including the publication of 'Faith-Healing', an article which described his clinical introduction to hypnotism by the French physician, Ambroise-Auguste Liébeault for the lay journal, the *Nineteenth Century*.¹⁴ I have drawn from primary sources which include school and university archives, local and national newspapers, and Tuckey's own writing for medical and lay journals. His previous role in a major scandal about the use of homeopathy at the Margaret Street infirmary clearly demonstrates the challenges facing physicians who tried to innovate beyond the medical orthodoxy.

One of the predisposing reasons for Lloyd Tuckey's success in establishing a medical role for hypnotism was the progress of hypnotic research in France, particularly the new proposed mechanism of suggestion of the Nancy school, a loosely knit affiliation of physicians and academics around Hippolyte Bernheim in the 1880s. Before this new concept, the medical doctrine of the imagination had been the conventional way of explaining hypnotism and its precursor 'animal magnetism'. In chapter two, I will describe the medical and philosophical concept of the imagination, highlighting its changing definition over time and its use to explain a variety of medical and physical phenomena from birth deformities and mind/body interactions to mental illness. Since its roots lie in classical antiquity and renaissance alchemy, it is relevant to trace this concept back to long before the Enlightenment in order to fully understand its cultural associations in the 1890s. Its shifting status in the scientific revolution is demonstrated by the change from the considerable public anxiety concerning 'diseases of the imagination' in the Renaissance to the trivialisation of 'imaginary diseases', like hypochondria and hysteria, by the late eighteenth century. In order to fully understand Lloyd Tuckey's contributions, we need to understand both his immediate context but also these longer underpinning medical histories.

To demonstrate the competing hypnotic theories that Lloyd Tuckey used in his writing, the second chapter goes on to document a similar review of the history of

¹⁴ CLT, 'Faith Healing as a Medical Treatment', *Nineteenth Century*, 24 (1888) (pp. 839-50). Hereafter 'FH' in the main body of the text.

suggestion. This was the more rational and ‘scientific’ way that hypnotism came to be understood. I have delineated the essential features of suggestion including the theatricality, ritual, shared narrative and power differential between healer and patient. I describe the relationship of suggestion to Mesmer’s animal magnetism, the precursor of hypnotism. I also show how the later hypnotic researchers were able to retrospectively project a new *mythe d’origine* incorporating faith-healing and laying on of hands to provide a reassuring historiography for the nascent specialty of hypnotism. The historical survey helps to explain why suggestion, which relies upon the will of a powerful healer and a passive patient, became the favoured mode of action for hypnotism for doctors.

The third chapter examines the British context for hypnotism in detail. It looks at both the major figures and the way their stories were told by Lloyd Tuckey, his medical peers like Milne Bramwell and Albert Moll and his SPR colleagues like Frank Podmore. Britain was mostly indifferent to Mesmer’s animal magnetism at the time of his greatest European fame in the late eighteenth century. However, the London society physician John Elliotson was partly responsible for the change that led to mesmerism becoming a major Victorian preoccupation in 1840s according to the cultural historian, Alison Winter in her highly influential *Mesmerized*.¹⁵ Despite his eminence, Elliotson contravened the tacit rules of professionalism of the medical establishment and he and his medical mesmerism were dramatically expelled from orthodox medical practice, so that he died in relative poverty in 1868.¹⁶ His rise and fall and his very public disgrace in the pages of the *Lancet* editor, by his one-time friend Thomas Wakley are described as they are so closely mirrored by the events between Lloyd Tuckey and Ernest Hart of the *British Medical Journal (BMJ)*, some fifty years later. The ways that the stories of Elliotson and other British hypnotists like James Braid are recovered and rehabilitated by the New Hypnotists is another aspect of the creation of a reassuring timeline of respectable scientific progress.

The focus of the fourth and fifth chapter is the general public’s attitude and response to the new concept of suggestion and medical hypnotism. The important feature of societal reaction to a new treatment is often omitted from orthodox medical histories. From stage magic shows to parlour games and spiritualist séances, it is clear that all aspects of hypnotism were fascinating to the Victorian

¹⁵ Alison Winter, *Mesmerized: Powers of Mind in Victorian Britain* (Chicago: University of Chicago Press, 1998).

¹⁶ Wendy Moore, *The Mesmerist: The Society Doctor Who Held Victorian London Spellbound* (London: Weidenfeld and Nicolson, 2017) (p. 249).

public and this reached its apogee in the 1890s. The historian Mathew Thomson has demonstrated the power of twentieth century psychology to ‘mediate, not just an understanding of the self, but also a wide range of social and economic, political and ethical issues that rested on assumptions about human nature’.¹⁷ This process did not start *de novo* in 1900 and can be traced further back. Suggestion offered this capacity more than a hundred years ago.

Thomson stresses the need to look at the roots of psychology beyond the conventional professional and academic institutional histories, by investigating popular psychology and practical psychological practices as crucial aspects of early psychology. I will trace back both the institutional and popular cultural aspects of psychological thinking at the end of the nineteenth century. Going further than Thomson, I will argue that ‘low-culture’ or non-institutional psychology includes not just the self-help manuals and lay journal appearances but also fictional depictions. In chapter four, I use the novels and short stories from the 1880s to 1900, to demonstrate the attitudinal changes over time and the range of responses to the implications of suggestion and hypnotism from positive and negative to more nuanced representations. I will look at the features of both the hypnotists and the hypnotised as the cultural coverage not only reflects but also starts to shape the public attitude towards hypnotism.

Examining this reciprocal relationship between science and its literary representation several writers have influenced me: in particular, Ian Hacking’s two related ideas on looping kinds (reflexive human categories) and the semantic contagion of ‘dynamic nominalism’, the way that new psychiatric labels, self-narration and available cultural scripts can interact.¹⁸ Gillian Beer’s work on the subtle translations and transformations that characterise her notion of shared open fields of influence, was also useful.¹⁹ George du Maurier’s novel *Trilby* (1894), concerning the transformation of a tone-deaf English girl to a music hall singing star by the Jewish musician Svengali, was a huge international hit. It has been covered by many researchers of hypnotism and its era but it is not that

¹⁷ Mathew Thomson, *Psychological Subjects: Identity, Culture and Health in Twentieth-Century Britain* (Oxford: Oxford University Press, 2006) (p. 1).

¹⁸ Hacking, ‘Looping Kinds’; Ian Hacking, *Rewriting the Soul: Multiple Personality and the Science of Memory* (Princeton: Princeton University Press, 1995) (p. 256).

¹⁹ Gillian Beer, *Open Fields: Science in Cultural Encounter*, (New York: Oxford University Press, 1999); Roger Cooter, *Cultural Meaning of Popular Science: Phrenology and the Organization of Consent in Nineteenth-Century Britain* (Cambridge: Cambridge University Press, 1984).

representative and only one of many stories featuring hypnotism in this period.²⁰ Among the influential fictional texts that I scrutinize and contextualise are Marie Corelli's *The Romance of Two Worlds*, two of the interlinked short stories of L.T. Meade published in the *Strand* magazine and *The Parasite* (1894), a novella by Conan Doyle.²¹ I will bring out the importance of the concept of the will to late Victorians and the contemporaneous occult and spiritualist cultural turn. These fictions all played in extending the possibilities for hypnotism, both in the realms of the imagination and in reality.

In the fifth chapter, I use the newspapers and journals to chart the interest in and attitude towards hypnotism in popular culture in 1890s and explore the various facets of this. Its prominence is undeniable given the impressive scale of Trilbymania, a British and American cultural phenomenon. The national fascination led to extensive coverage of medical hypnotism in lay journals and periodicals. There was an appetite for factual information as well as the fictional portrayals explored in the previous chapter. I focus particularly on Lloyd Tuckey's role in this: his use of his minor celebrity status and his writing for non-medical journals. He was acknowledged as a national expert and was asked by the media for comment on criminal cases involving hypnotism. Lloyd Tuckey himself was influenced by the many strands of hypnotic discourse particularly through his clubs: freemasonry, the Golden Dawn and the SPR. I argue that this demonstrates his modernity rather than any strange romanticism on his part. The SPR played a crucial role in early British institutional psychology and Lloyd Tuckey was on its council for over twenty years and led its hypnotism committee.

The public interest in hypnotism raised its profile and demanded a response for the medical profession. The subject was debated at length at the annual British Medical Association (BMA) in Birmingham in 1890. In chapter six, I examine this debate and the BMA's decision to set up a committee to investigate the new technology and how they then dealt with its unwanted positive findings. Hypnotism was viewed as regressive and mystical by many doctors. The more senior physicians could still recall the impact of Elliotson's fall from grace. The medical journals continued to have an important role in policing the boundaries

²⁰ George du Maurier, *Trilby* (Peterborough, Canada: Broadview Press, 2003); Daniel Pick, *Svengali's Web: The Alien Enchanter in Modern Culture* (New Haven: Yale University Press, 2000).

²¹ Marie Corelli, *A Romance of Two Worlds: Edinburgh Critical Editions of Nineteenth Century Texts* ed. by Andrew Radford (Edinburgh: Edinburgh University Press, 2019); Arthur Conan Doyle, 'The Parasite' in *The Parasite and the Watter's Mou'* ed by Catherine Wynne (Kansas City: Valancourt Books, 2009) (pp. 3-47).

of medical orthodoxy and at that time, the most influential editor was Ernest Hart of the *BMJ*. The contest in print between Hart and the medical hypnotists in both the medical and general press was a key struggle for the acceptance and legitimacy of the controversial therapy. Hart was supported by other senior doctors and the *Times* newspaper which provided a highly critical exposé of the work of the physician and hypnotist Jules Luys in Paris in 1893 who had reverted to more mesmeric practices. Lloyd Tuckey and the other medical hypnotists were forced to respond and explained that Luys was not representative of modern hypnotism and overly credulous of his hysterical patients.

Chapter seven explores the various ways that hypnotism and suggestive therapy were taken up by the medical profession and beyond between the mid-1890s and 1914. The rising public concern about alcoholism and perverse sexuality also gave added impetus to the popularisation of this potential new treatment and Tuckey spearheaded its uptake in the UK with case reports of successful treatment and *The Value of Hypnotism in Chronic Alcoholism*.²² Building on Thomson's concept of the emergence and importance of 'practical' and popular psychology at this time, I show how his membership of other clubs like the educational reformist Sesame club and his non-specialist writing for general journals from *Good House-Keeping* to *Occult Review* demonstrate his wider influence.

Contrary to received wisdom, I present evidence of a slow but steady growth in the interest in suggestion and the numbers of British medical hypnotists, particularly among the general practitioners and psychiatrists.²³ This is a rewriting of the Henri Ellenberger version of hypnotic decline after the 1893 death of the French neurologist Jean-Martin Charcot. In fact, it can be shown that there was a growing interest in non-medication healing approaches and faith-healing in all parts of society and the Church of Christian Science flourished at the start of the twentieth century. The rise of the unorthodox church threatened both the Church of England and the medical profession. As a measure of his national standing, Lloyd Tuckey was invited to give evidence to an inquiry into Faith-Healing established by Lambeth House and the medical profession in response to these developments.

I describe the part played by the journal, the *General Practitioner* and the medical society, the MSSST in maintaining and informing a group of doctors interested in a range of early non-physical therapies. There were close links between the MSSST

²² CLT, *The Value of Hypnotism in Chronic Alcoholism* (London: J and A. Churchill, 1892).

²³ Henri Ellenberger, *The Discovery of the Unconscious* (London: Fontana, 1994).

and the SPR from the outset. I outline the way that the early pioneers of mental treatments in the UK were eclectic in their approach especially in the new Medico-Psychological Clinic (MPC) or Brunswick Square clinic founded in 1913 which was to become one of the first centres for the treatment of the psychological casualties of the First World War. Far from rejected, hypnotism and suggestion were the main psychological interventions for shellshock. This is a substantial revision of the conventional history based on the accounts of early Freudian historians like the medical psycho-analyst Ernest Jones, which privileged Freudian analysis in early British psychotherapy and exaggerated his own role in psychotherapeutic developments.

I conclude by looking at the persistence of the concept of suggestion beyond the Great War. Tuckey's declining health and rigid views on medical professionalism and monopoly on health meant that he could not be a part of the new increasingly respectable culture of mental suggestion. However, the wide range of possibilities opened up by this new psychological concept demonstrate the importance of a detailed understanding of its origin. Suggestion went on to become culturally important beyond the talking cures though it can be clearly traced into modern therapies like cognitive behavioural therapy as well as Freudian analytic psychotherapy. Its role in shifting the beliefs, aspirations and behaviours of others provided a new lexicon for both advertisers and politicians.

Finally, I want to propose that suggestion continues to contribute to the unlocking of the mystery of the placebo effect. Even contemporary scientific research into the 'expectancy theory' of placebo falls back on the idea of suggestion as its causal mechanism. As a whole, this thesis rehabilitates an important historical figure, supports the significant role of hypnotism in a British context of talking cures and demonstrates the survival of suggestion.

Preface

May 15th, 1919

Memorial on behalf of Dr. Lloyd Tuckey²⁴

We, the undersigned memorialists respectfully beg to submit the name of Dr. Lloyd Tuckey as one eminently deserving of a Civil List pension. Through serious illness Dr. Lloyd Tuckey has had to relinquish his medical practice, and owing to this cause is now in very straightened circumstances.

Our present day knowledge of the principles and practice of Psychotherapeutics in all its forms would have been impossible but for the hypnotists. Lloyd Tuckey was the pioneer in this country of the revival of Hypnotism and Suggestion as therapeutic agents in medical practice, which took place about thirty years ago. Forty years earlier, James Braid had shown that hypnotic phenomena were identical with those of so-called animal-magnetism, and when Tuckey began his psychotherapeutic work the prejudices which had arisen in connexion [sic] with Mesmerism or Animal-Magnetism were still very prevalent. Consequently great courage and singleness of purpose were required by any man who advocated the use of Hypnotism in medical practice. Tuckey had these virtues in an eminent degree. In 1889 he published his work on "Treatment by Hypnotism and Suggestion" [sic] which has been a standard treatise on the subject up to the present time and has gone through many editions; the then president of the Royal College of Physicians in Dublin, the late Sir Francis Cruise M.D. having written the preface to the fifth edition.

Dr. Tuckey's work has prepared the way for the recent great increase of the practice of psycho-therapeutics, a branch of medicine which, after long neglect in this country, is generally recognised as one of the first importance and destined to undergo great further development in the future.

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²⁴ Mitchell, Memorial.

Figure 1: Charles Lloyd Tuckey, M.D.²⁵



²⁵ 'Charles Lloyd Tuckey, M.D.' from *Psychotherapy: A course of Reading in Sound Psychology, Sound Medicine and Sound Religion* 2 (1909) 4-20 (p. 5).

Chapter 1: Hypnotic Inductions

1.1 Charles Lloyd Tuckey: The Early Years

Charles Lloyd Tuckey was one of small band of British physicians who helped to usher in therapeutic hypnotism to Britain at the close of the nineteenth century. This was an important development because it was the first step in the establishment of talking cures or psychotherapies which continued to evolve in the UK over the remainder of the twentieth century. In this chapter I set out some basic biographical details including his early involvement with homeopathy before a close reading of his first paper on hypnotism. This was a pivotal moment for British medical hypnotism and I need to go on in subsequent chapters to describe some historical and theoretical context in order to understand both the scale of the task and the reasons for the improbable success. In the final chapters I will return to Lloyd Tuckey's life and myriad networks to examine his role in legitimatising hypnotism and in developing hypnotism and other talking therapies in the pre-War period.

Charles Lloyd Tuckey was born on February 14th, 1854 into an Irish medical family living in Canterbury, England. His mother, Elizabeth Lloyd, was from Limerick, the daughter of William and Jane Lloyd. His father, Charles Caulfield Tuckey, was from Cork.²⁶ Charles Caulfield had qualified as a doctor from Trinity College, Dublin in 1841, initially working at the Castletownroche Dispensary. The couple married in Doneraile, County Cork in 1843. They soon moved with their young family to England. Charles had periods of work at homeopathic hospitals in the North West. Initially, he was appointed as the resident surgeon at the Manchester Homeopathic Hospital and then went on to become the physician of the newly opened Preston Dispensary in 1851.²⁷ By the time of the 1853 *Medical Homoeopathy Register* he had established himself as a medical homeopath and was the local secretary of the Northern Homeopathic Medical Association.²⁸ However, for reasons that are obscure, within the year the family had relocated south to Canterbury where Charles set up in general and homeopathic practice.²⁹

²⁶ James White, *Historical and Topographical Notes etc. on Buttevant, Castletownroche, Doneraile, Mallow and Places in their Vicinity*, Vol 4 (Cork: Guy, 1916) (p. 259).

²⁷ George Atkin, *British and Foreign Homoeopathic Medical Directory and Record 1853* (London: Aylott, 1853) (p. 72).

²⁸ Atkin, *Homoeopathic Directory 1853* (p. 76).

²⁹ Anon, 'Obituary – Charles Caulfield Tuckey', *British Homoeopathic Review*, 39 (1895) (pp. 221-2).

Homeopathy was a new and radical form of treatment that had only recently been introduced to the United Kingdom by Frederick Quin. He had set up the British Homoeopathic Society (BHS) in 1843. Based on the writings of the German physician, Samuel Hahnemann, homeopathy was founded on the doctrine of 'like cure': the idea that a substance which causes the symptoms of a disease in healthy people would cure similar symptoms in sick people. In the early 1850s there were only 15 or so homoeopathic dispensaries in the whole of the UK, which made Caulfield Tuckey a very early adopter of the disputed new medical discipline. This may have demonstrated an enthusiasm for new developments in medicine or be seen as a shrewd financial move by an ambitious doctor newly arrived from Ireland, as homeopathy had strong links with the aristocracy and moneyed classes.³⁰ Even after settling into British general practice, Caulfield Tuckey maintained an interest in homeopathy, publishing a case report in the *British Journal of Homoeopathy* (BJH) and a short book, *A Dialogue on Homoeopathy*.³¹ He also had a role in the fundraising for and management of the building of the Royal London Homeopathic Hospital (RLHH).³² Paid for entirely by private donors, it opened its doors at a new site in Great Ormond Street in 1858, though it does not seem that Caulfield Tuckey ever worked there clinically.

Charles Lloyd Tuckey was the second of six children for Elizabeth and Charles. He had two brothers and three sisters. He was the second son to be named Charles. His older brother had been born in Ireland before the family had moved to the UK but had died in infancy.³³ The family initially lived at 1, St Margaret's Street in Canterbury where Charles was born. By the time of the 1861 census, they had moved to 4, St Dunstan's Street, at the West Gate of the city. Like most middle-class professional families, the household included a cook and a housemaid.³⁴ The address of Caulfield Tuckey's medical practice and homeopathic dispensary was given as the same location suggesting he consulted from his own home which was also common practice at the time.³⁵

³⁰ Inglis and Nicholl's books provide a good introduction to Victorian era homeopathy and the relatively few physicians who practiced this way. Phillip Nicholls, *Homeopathy and the Medical Profession*, (London: Croom Helm, 1988); Brian Inglis, *Fringe Medicine* (London: Faber, 1964).

³¹ Charles Caulfield Tuckey, 'Sarcomatous Tumour, reputed malignant' *British Journal of Homoeopathy* (1856) (pp. 138-139); Charles Caulfield Tuckey, *A Dialogue on Homoeopathy* (London: NP, 1856).

³² John Geary, *Some local and general excrescences of Homoeopathy* (Philadelphia: Henry B. Ashmead, 1858).

³³ White, *Historical Notes* (p. 259).

³⁴ Anon, 'Charles Caulfield Tuckey' (1861) Census return for Canterbury, Public Record Office, PRO RG9/520.

³⁵ Anon, *Homoeopathic Medical Directory of Great Britain and Ireland 1871* (London: Turner, 1871).

At the age of 11, Charles was sent to the local public school, King's School in Canterbury. He started in the Michaelmas term of 1865.³⁶ At school, Charles was a mixed scholar. In Easter 1867, he was assessed to have 'failed signally' in mathematics and also failed modern languages.³⁷ However, he was top of his year group in Classics by some way and won a school prize.³⁸ In June 1867 he was elected as a 'probationer's scholar', one of twenty-five at the school and the lowest rank of the fifty King's scholars. This provided a partial payment of fees for two years unless the boy successfully secured the higher rank of a junior or senior scholar who were seen as most likely to secure a place at Oxford or Cambridge university.³⁹ Charles did not progress to a higher scholarship or to Cambridge University and left the school in 1869 at fifteen years of age.

Lloyd Tuckey followed his father's career path and studied medicine, initially at King's College in London.⁴⁰ Between October 1870 and July 1873, he attended King's College Hospital which had been recently rebuilt on the site of the original workhouse in Portugal Street.⁴¹ As was conventional at the time, he left London after three years for Aberdeen University, to start his clinical training. Though generally accepted that the Scottish medical schools provided better clinical training and were more prestigious, this was a strange choice for the son of a medical homeopath. Less than twenty years before, the university had attracted the ire of the homeopathic community by refusing to allow medical students to graduate if they believed in homeopathy or practised it.⁴² In his final year Lloyd Tuckey returned to Kent and undertook six months medical and six months surgical training at Canterbury General Hospital. In 1875, he applied to Aberdeen for his medical degree and eventually qualified MB CM (Medicinae Baccalaureus, Chirurgiae Magister) at the age of 21. This was the same year that his mother died.

Presumably influenced by his father's clinical interests and connections, Lloyd Tuckey became involved in medical homeopathy and he started work in the

³⁶ Anon, 'School List, Kings School, Canterbury', *Speech day pamphlet 1867* (Canterbury: Kentish Observer, 1867) (p. 10) [courtesy of school archivist, Peter Henderson].

³⁷ Anon, 'School List', (p. 12).

³⁸ Anon, 'School List', (p. 8).

³⁹ C. Eveleigh Woodruffe and Harry Cape, *Regia Schola Cantuariensis: A History of Canterbury School* (London: Mitchell, Hughes and Clarke, 1908) (p. 215).

⁴⁰ Anon, *Calendar of Kings College 1872-3*, (London: Clay and Taylors, 1872) (p. 251).

<<http://www.kingscollections.org/calendars/collection/1872-1873/page-251#page-header>> [accessed 14/02/2017].

⁴¹ CLT entry in *Medical Graduate Schedules, 1862*, University of Aberdeen Medical Schedule (MSU 62) [with kind permission of Aberdeen University, Special Collections Centre].

⁴² Atkin, *Homoeopathic Directory 1853* (p. 51).

outpatient department at the RLHH from 1878.⁴³ In 1882 he was appointed as an honorary secretary of the medical committee of the hospital and in 1883 he is listed as an assistant physician at the hospital.⁴⁴ His father's position as governor and his previous fund-raising for the institution would not have harmed his chances of securing the post. In the late 1870s there were only 280 medically qualified homeopaths in the UK.⁴⁵ To give some context, there were approximately five thousand medically qualified doctors in the entire country. Medical homeopaths tended to practice in spa towns and major population centres, partly due to close links between homeopathy and water or bathing cures and partly because this where the moneyed patients were to be found. Then as now, homeopathy had a disputed status despite its strong links with the aristocracy. The majority of homeopaths were practicing from outside the medical profession and the medical community saw them as direct competition as well as unscientific and unregulated. Social historians looking back at the nineteenth century often group together the heterodox medical disciplines of the time: phrenology, homeopathy, mesmerism, electrotherapy and water cures.⁴⁶ As I will demonstrate, this conflation is unhelpful and these fringe medicines should be considered separately as their development, contexts and outcomes were very different. If they had nothing else in common, the orthodox medical response to them was universally negative.

Before the Medical Act of 1858, the medical profession had been relatively insecure socially and financially. The profession sought to distance itself from quacks and had successfully lobbied parliament. In 1851 there were an estimated 6000 unlicensed medical practitioners operating in the UK but only 5000 regular doctors, apothecaries and surgeons.⁴⁷ The new act substantially reduced competition. By the standards of preindustrial Britain medical doctors were not 'professionals' as they had to request money for specialist services and compete with their peers in a mostly urban environment. They had to rely on occupational qualifications and merit to succeed. As a result, they were among the most intellectually active and aspirant within the science institutions of the nineteenth

⁴³ Anon, 'Twenty-Ninth Annual Report of the Hospital', *Annals and Transactions of the British Homeopathic Society* 9 (1879-82) (p. 200).

⁴⁴ Anon, 'Thirtieth Annual Report of the Hospital', *Annals and Transactions of the British Homeopathic Society* 9 (1879-82) (p. 414); William Bayes, *A letter to the Medical Acts Commission: on the Claims of the Homœopathic Public and Homœopathic Physicians to Consideration under any new Medical Act* (Bristol Selected Pamphlets, 1881).

⁴⁵ Nicholls, *Homeopathy* (p. 134).

⁴⁶ Inglis, *Fringe Medicine*.

⁴⁷ Barbara Griggs, *Green Pharmacy: A History of Herbal Medicine* (London: Jill Norman and Hobhouse, 1981) (p. 224).

century. The newly regulated doctors used science to justify their own treatments to a highly sceptical public. The rejection of alternative healing approaches (particularly if they were offered by unqualified therapists) as non-science was the other side of the same coin.

Working at the RLHH in Great Ormond Street, sometime during 1885, Lloyd Tuckey was promoted from assistant physician to physician while he attempted to establish his own private practice. It was standard for doctors to work without payment in hospitals at the same time as they earned their living from outpatient private practice. Much later, Lloyd Tuckey was described by his obituarist as having ‘distinct literary sensibilities’ which seems to mean that he was a scholar and a prolific writer for the medical journals and general periodicals, and a bibliophile collecting Genevan bibles.⁴⁸ He managed to find time to write while completing his MD and published three papers in homeopathy journals in 1882 alone.⁴⁹ One paper addressed the state of homeopathy in Spain which he had visited over the winter possibly due to his own poor health. The commentary was initially given as an address to the International Homeopathic Assembly in 1881. The other two were case reports, the first concerned the use bloodroot dilutions in the treatment of nerve pain.⁵⁰ The second was a description of the treatment of a stomach complaint without an underlying cause.⁵¹ Both case descriptions came from the patients encountered and treated at the RLHH outpatient department.

In 1884, Lloyd Tuckey was awarded the higher degree of MD by Aberdeen University, usually the marker of a hospital doctor.⁵² Unfortunately, despite investigation there is no manuscript held by the university and not even a title. Given that Lloyd Tuckey’s clinical work and case reports were mostly about homeopathy to that point, it would be fascinating to know whether this was the topic of his research in light of the university’s previous antipathy towards the practice.

Lloyd Tuckey’s strong background in homeopathy may well have contributed to his later interest in hypnosis. The medical profession’s hostility had the effect of bringing all of the non-conformists together and promoted interest in each other’s

⁴⁸ Anon, ‘CLT – Obituary’, *British Medical Journal*, August 22, 1925, 363-64 (p. 363). Hereafter *British Medical Journal* will be referred to as *BMJ* in main text and footnotes.

⁴⁹ CLT, ‘Homeopathy in Spain’, *Monthly Homoeopathic Review* (1882) (p. 326).

⁵⁰ CLT, ‘Sanguinaria in Neuralgia’, *Homoeopathic World* (1882) (p. 233).

⁵¹ CLT, ‘Case of Obscure Disease of the Stomach’, *Monthly Homoeopathic Review* (1882) (p. 326).

⁵² William Johnson, *Roll of the graduates of the University of Aberdeen, 1860-1900* (Aberdeen: Aberdeen University Press, 1906) (p. 559).

alternative medical practices. The fringe or heterodox practices shared metaphors of bodily and mental harmony and of balancing energy.⁵³ That is not to say that all phrenologists were interested, for example, in bathing but hybrid treatments like phreno-mesmerism existed and influential physician homeopaths like George Wyld, elected the president of the BHS in 1876, was also a phrenologist, medical mesmerist and early member of the SPR.

Certainly, homoeopathy's founder Samuel Hahnemann was familiar with the therapeutic possibilities of mesmerism and mentions it in his magnum opus *The Organon of the Healing Art*, first published in 1810 and then translated into English in 1833.⁵⁴ In the fifth edition, which would have been available to Lloyd Tuckey, Hahnemann states that a medicine given in the right 'quality' but in the wrong quantity can be adjusted 'mesmerically.'

Imperfect homoeopaths, [...] not infrequently deluge their patients in difficult diseases with doses of different medicines, [and] bring the patients into such an over excited state that life and death are struggling for mastery, and the least additional quantity of medicine would infallibly kill them. In such cases a mere gentle mesmeric pass and the frequent application, for a short time, of the hand of a well-intentioned person to the part that is particularly affected, produce the harmonious uniform distribution of the vital force throughout the organism.⁵⁵

Lloyd Tuckey would therefore be more likely to have a positive perspective towards mesmeric practice than many of his contemporaries.

The records demonstrate that he practised from his own home throughout his working life, starting at 21 Henrietta Street next to the new St Peter's Hospital for Stone, where he stayed till 1884. In 1883 he published his first book, *Diseases of Children* though it was not reviewed in the medical journals and no copies survive.⁵⁶ From Henrietta Street, Lloyd Tuckey moved to 14 Green Street in Mayfair and

⁵³ Though problematic, the term 'fringe' is used interchangeably with 'unorthodox', 'alternative' or 'heterodox' to describe those therapeutic approaches that do not fall within allopathic medicine. 'Heterodox' or 'unorthodox' are terms most popularly used by medical practitioners, while the terms 'natural', 'alternative' or 'fringe' medicine tend to be used by the lay population. Walter Wardwell, 'Orthodoxy and Heterodoxy in Medical Practice', *Social Science and Medicine* 6 (1972) p. 63.

⁵⁴ Samuel Hahnemann, *The Homœopathic Medical Doctrine, or "Organon of the Healing Art"*, trans. by Charles Devrient (Dublin: W.F. Wakeman, 1833).

⁵⁵ Samuel Hahnemann, *Organon of Medicine*, 5th ed., trans. by Robert Dudgeon (London: Headland, 1849).

⁵⁶ CLT, *Diseases of Children with Cases and Remarks* (London: Ambrecht Nelson, 1883). Although, the British Library does not hold a copy, the book is advertised in two editions of the *Times*.

remained there until 1899.⁵⁷ Preferring to live and work around Mayfair and Oxford Street, suggests that Charles had a financially lucrative practice around London's West End. Many Victorian doctors had followed the wealthy to the cleaner air of the terraces and elegant squares of London's Western districts, appropriating the refinement of their surroundings.⁵⁸ In his presidential address to the Medical Society for the Study of Suggestive Therapeutics in 1907, Lloyd Tuckey admits that he was fortunate to be 'already in London and in a fairly independent position' as this enabled him to take up hypnotism.⁵⁹

Before moving on to cover Lloyd Tuckey's conversion to hypnotism in the summer of 1888, there is another episode in his early professional career, which demonstrates both his relationship to heterodox medical therapies and gives a measure of the highly contested place of homeopathy and the medical fringes at this time. This relates to the controversy around the medical staff at the Margaret Street Infirmary between 1887 and 1888. This incident was documented almost contemporaneously in John Henry Clarke's *Odium Medicum and Homoeopathy* (1888).⁶⁰ It was briefly mentioned in Phillip Nicholls' history of medical homeopathy in which he focuses on the Millican court case but was recently rediscovered and critically reviewed as part of her doctorate by Ju Yi Chou.⁶¹

The Margaret Street Infirmary for Consumption and Diseases of the Chest in West London, originally a parish workhouse, was founded in 1847 as a tuberculosis hospital. The infirmary functioned unremarkably, albeit more like a dispensary from which physicians undertook home visits.⁶² However, in 1887 the hospital became the centre of a medical and newspaper storm when six members of the medical staff, backed by the executive committee, wrote to two of their colleagues, Apollinaris Victor Jagielski and Thomas Charles Marsh and accused them of

⁵⁷ Sue Young's website on the history of homeopathy is an excellent resource for basic information on CLT; <www.wrightanddavis.co.uk/GD/TUCKEYCHARLES.htm> [accessed 31/10/2016].

⁵⁸ Richard Barnett, *Anatomy of the City: A Guide to Medical London* (London: Strange Attractor Press, 2008) (p. 41).

⁵⁹ CLT, 'The Utility of the Study of Suggestion to the Student and Practitioner', *General Practitioner*, April 6, 1907 (pp. 210-3).

⁶⁰ John Henry Clarke, *Odium Medicum and Homoeopathy: "The Times" correspondence, reprinted by permission of the proprietors of "The Times."* (London: Homoeopathic Publishing, 1888).

⁶¹ Nicholls, *Homeopathy*, (pp. 141-2); Ju Yi Chou, "Is this a homoeopathic dispensary?": The case of Margaret Street Infirmary and Queen's Jubilee Hospital and their physicians', Ch. 12 in *Reforming towards a Scientific Medicine and a Changing Social Identity: British Homoeopathy, 1866-1893* (PhD thesis, University College London, 2016) (pp. 313- 20).

⁶² Anon, 'Margaret Street Infirmary', *Medical Review*, 31 (1887) (p. 309).

‘practising homoeopathically’. They were asked to stop using homeopathic treatments and ‘to resign any appointments held in homoeopathic institutions.’⁶³

Chou has rightly questioned what was meant by ‘practising homoeopathically’ at that time. She argues that although the incident was taken up as a *cause celebre* by the homeopathy establishment as a struggle for the existence of homeopathy as a distinct entity, the differences between homeopathy and allopathy were not so binary as it might initially appear. Many Victorian doctors used homeopathic remedies alongside or instead of orthodox treatments. They did so when conventional medicines failed or were too toxic. She also suggests that at the time, what was considered to be homeopathy could be the use of homeopathic plant and animal preparations but at much more concentrated doses, very different to Hahnemann’s ideas. This eclectic approach was quite common and only became controversial when a practitioner was openly associated with homoeopathy.

It seems likely that Jagielski and Marsh earned the disapproval of their colleagues for reasons other than just their homeopathic interests though both were clearly affiliated with the alternative therapy. Jagielski was made a fellow of the BHS in 1882.⁶⁴ Marsh had worked at the RLHH since 1884 and would have been a contemporary of Lloyd Tuckey.⁶⁵ Little is known about Marsh but Jagielski continued to come into conflict with the medical authorities and appeared in trials before the Censors of the Royal College of Physicians no less than six times, as a result of his promotion of therapeutic use of water baths and electrotherapy, but not his homeopathic practice.⁶⁶

Whatever the nature of the medical work of Jagielski and Marsh, the dispute between medical colleagues at a small London hospital quickly came to represent something more. In the words of the *Medical Press and Circular*, it had become ‘a pitched battle between the orthodox practitioners and the homoeopaths!’⁶⁷ There was considerable support from their homeopathy colleagues and their well-

⁶³ Anon, ‘Liberty of Opinion in the Art of Therapeutics’, *Monthly Homoeopathic Review*, 31 (March 1887) 168-9 (p. 168).

⁶⁴ Giles Goldsbeough, ‘Members of the British Homoeopathic Society’, *Journal of the British Homoeopathic Society, New Series*, 13 (1904-5) (pp. vi-xxiv).

⁶⁵ Felix Reischwitz, ‘Globulizing’ the Hospital Ward: *Legitimizing Homoeopathic Medicine through the Establishment of Hospitals in 19th-Century London and Madrid*, Appendix E. (PhD thesis, University College London, 2012) qtd. in Chou, *British Homoeopathy*.

⁶⁶ Alexander Cooke, *A History of The Royal College of Physicians of London*, vol. 3 (Oxford: Clarendon Press, 1972) (pp. 904-8).

⁶⁷ Anon, ‘The Margaret Street Infirmary for Consumption’, *London Medical Press and Circular*, 9 March, 1887 (p. 3).

connected lay advocates. However, practical assistance came from an unlikely source. Through the simple expediency of making large donations, two new members rapidly joined the governing body of the infirmary.⁶⁸

The new committee members were the physician and homeopath Robert Ellis Dudgeon and the long-time supporter of homeopathy, Edmund Beckett, 1st Baron Grimthorpe. Chou has proposed that they did this because they saw ‘the significance of an institution in supporting a separate identity’ for homeopathy.⁶⁹ Dudgeon was a significant figure in homeopathy. He had several senior roles in the BHS and was one of the editors of the *BJH* from 1846 until its closure in 1884. He had helped to set up the Hahnemann Hospital in Bloomsbury in 1854 and the RLHH in 1869. Beckett was a wealthy lawyer, clockmaker and architect who had designed the clock at Westminster Palace responsible for the chimes of Big Ben. He was a great friend to homeopathy and had personally financed the construction and establishment of St. James Homoeopathic Hospital in Doncaster.

The result of the change of membership of the governing body of the hospital was that the proposal to dismiss Jagielski and Marsh was never passed by the board. In fact, the board took a further turn towards homeopathy so that in February 1887, seven of the remaining medical staff took the decision to resign rather than accept a new resolution from the board that would ‘make it lawful for a professed homeopath to take and hold office on the staff.’⁷⁰ One of the physicians who had resigned, Thomas Hawksley, wrote to the *BMJ* attempting to explain the motives of the seven, claiming that to

accept the brazen blare of the trumpeter of one sect would open the door for others, so that any institution proposing to work in the quiet and laborious field of true scientific knowledge and experience would find itself invaded and broken up by all sorts of wild theorists and hunters after notoriety.⁷¹

If this demonstrated the vehemence of the arguments in opposition to homeopathy from within mainstream orthodox medicine, the response of the homeopathy supporters on the governing body to the letters of resignation was equally forthright. At the behest of Lord Grimthorpe, the hospital appointed three new doctors to replace the ones who had resigned. The two new visiting physicians

⁶⁸ Anon, ‘Robert Ellis Dudgeon, M.D.’, *Monthly Homoeopathic Review*, 48 (October, 1904) (p. 577).

⁶⁹ Chou, *British Homoeopathy* (p. 314).

⁷⁰ Anon, ‘Resignation of the Medical Staff from the Margaret Street Infirmary for Consumption’, *BMJ*, 5 March (1887) (p. 541).

⁷¹ Anon, ‘Resignation’.

were members of the BHS, one named John Roberson Day and the other was Lloyd Tuckey. It was specifically mentioned in the *BMJ* account of the minutes of the appointments committee that ‘it was stated in reply to a question that a candidate was not [my emphasis] ineligible on account of being a homoeopath.’⁷²

If the hospital expected the public interest would then dissipate, it was the third and least controversial appointee, the hospital surgeon Kenneth Millican with the least connection to homeopathy who would create further publicity. In May 1887, his other employer, the Jubilee Hospital chose to dismiss him because of his employment at Margaret Street which now had homeopathic associations. Millican decided to fight for unfair dismissal in the courts. He argued that the hospital had no right to dismiss a medical officer on account of his medical beliefs. The court found in favour of Millican but the hospital took the matter to the Appeals court where the verdict was reversed.⁷³ The whole affair prompted a lengthy debate about the prejudice of allopathic doctors in the correspondence section of the *Times* which went on for more than a month. At the close of this controversy on 20th January 1888, the editor of the *Times* wrote

[S]o great has been the interest excited by the correspondence, that the editor has been unable to publish only a fraction of the letters sent him. The original contention was that an *Odium Medicum* exists, exactly analogous to the *Odium Theologicum* of a less enlightened age, and no less capable of blinding men.⁷⁴

The diverse range of opinions printed in the *Times* were collected into a book edited by John Clarke, a physician turned homeopath who had edited *Homeopathic World* for nearly thirty years.⁷⁵ The whole affair encapsulates the sites of power within British medicine at the time and the usefulness of Gieryn’s concept of boundary work. The episode demonstrates the call upon scientific ‘truth’ within medical orthodoxy, the self-policing that occurred and the strength of the rejection from within the medical establishment. This sense of orthodox medicine angrily and unreasonably closing ranks against the heterodoxy of homeopathy was not lost on the editor of the *Times*:

That contention has been proved, not so much by what Lord Grimthorpe has directly advanced, as by the revelations of temper and mental attitude

⁷² Anon, ‘Resignation’.

⁷³ Anon, ‘Millican v. Sullivan and Others’, *Times*, 16 December, 1887, p. 3.

⁷⁴ An *Odium theologicum* was the name given to a rancorous theological debate, characterised by intense anger and hatred. George Earle Buckle, ‘Editorial: *Odium Medicum*’, *Times*, January 20, 1887, p. 9.

⁷⁵ Clarke, *Odium Medicum*.

made by those who took up the cudgel on behalf of the orthodox profession. There have been one or two verbal denials of the existence of this odium, always accompanied however by an expression of contempt which comes in practice to much the same thing. But the strength of Lord Grimthorpe's case lies in the fact that whole columns have been filled with contentions which have no point or meaning except to justify the hatred that is verbally denied.⁷⁶

The editor suggests later in the piece, that the conventional practitioners are doing themselves a disservice by the bitterness of the dispute with their colleagues. He goes on to point out that if the lay public cannot understand the complexities of the argument, and the homeopathic doctors are equivalently qualified and appear indistinguishable from their orthodox colleagues, then the quarrel could only serve to damage public trust in all doctors. The importance of the place of popular opinion is made clear by the Margaret Street Infirmary incident and the subsequent *odium medicum*. The views of advocates and cultural commentators appearing in the popular press, were becoming more effective in influencing medical opinion.

This type of rhetoric, in which one kind of professional group makes claims upon some kind of higher scientific truth is typical of boundary work.⁷⁷ Gieryn describes the style of debate in which there are 'attributions of selected characteristics to the institution of science for purposes of constructing a social boundary that distinguishes 'non-scientific' intellectual or professional activities.'⁷⁸ He argued the issue of what constitutes group membership has considerable significance for the development of a profession and its economic foundations. The process of boundary work can therefore serve to maintain the social status of its membership, the intellectual standing of their claims, their access to funding, their protection from external political interference, their ability to exclude and marginalise others as non-members. It also effects their ability to reject those designated as non-members from certain rights and privileges, organizations, sources of finance and means of communication like publication in journals. During the Margaret Street Infirmary controversy, the medical writers were forced to define what orthodox medicine was and not just bring attention to the non-scientific aspects of

⁷⁶ Buckle, 'Odium Medicum'.

⁷⁷ Gieryn, 'Boundary-work'.

⁷⁸ Gieryn, 'Boundary-work' (p. 788).

homeopathy. This two-fold process was defined as ‘double-boundary work’ by Geiryn in his later paper.⁷⁹

1.2 A Trip to Nancy and ‘The New Hypnotism’

In late 1888, Lloyd Tuckey wrote a provocative six-thousand-word essay for the periodical, the *Nineteenth Century* with the title, ‘Faith-healing as a Medical Treatment’ for which he received 20 guineas.⁸⁰ He had just returned from an extended visit to the hypnotist, Dr Ambroise-Auguste Liébeault, taken during a holiday to France and Holland. Part calling card, part selection of medical cases and their treatment, and part rebranding exercise, the article and the subsequent textbook announced the arrival of what Lloyd Tuckey was to later term, ‘the New Hypnotism.’⁸¹

It was a brave step for a young doctor who was barely established in independent practice. The battles for the legitimacy of homeopathy previously outlined, clearly illustrate the reactionary nature of British medicine at this time and Lloyd Tuckey had already been caught up in a highly emotive medical controversy that had reached the pages of the national newspapers. Heterodox or fringe practices were barely tolerated and met with outright antagonism. In trying to advocate for medical hypnotism Lloyd Tuckey would have been well aware of the fate of the eminent but disgraced physician and mesmerist John Elliotson (whose story is told in chapter three). Lloyd Tuckey’s courage in writing about hypnotism at this time was acknowledged by most of the subsequent British writers on hypnotism. His friend George Kingsbury notes:

The first English medical man, so far as I know, to take up the Nancy treatment, was Dr C. Lloyd Tuckey, of London, and to him undoubtedly belongs the honour of first daring to challenge public opinion, by publishing a book advocating the adoption of it.⁸²

⁷⁹ Thomas Gieryn, ‘John Tyndall’s Double Boundary-Work: Science, Religion, and Mechanics in Victorian England’ (pp. 37-64) in Thomas Gieryn, *Cultural Boundaries of Science: Credibility on the Line*, (Chicago: University of Chicago Press, 1999).

⁸⁰ CLT, ‘Faith-healing as a Medical Treatment’, *Nineteenth Century*, 21, (1888) (pp. 839-50). Hereafter referred to in the main text as ‘FH’; Charles Lloyd Tuckey, Letter to Frederik van Eeden, 23 March 1890. van Eeden Collection, Allard Pierson, University of Amsterdam, Hs. XXIV C 81.

⁸¹ CLT, ‘A New Hypnotism: A Reply to Mr E Hart’s “The Revival of Witchcraft”’, *The Contemporary Review*, 63 (1893) (p. 416-9).

⁸² George Kingsbury, *The Practice of Hypnotic Suggestion* (Bristol: J. Wright, 1891) (p. 14).

There had been previous British medical interest in experimental and therapeutic hypnotism in the second half of the nineteenth century, but after 1855 it had been very limited. The alienist Daniel Hack Tuke, the editor of the *Journal of Mental Science (JMS)*, had himself written on hypnosis and accepted reports of foreign hypnotic experiments in his journal that I will cover in more depth in chapter two.⁸³ Another primarily medical journal, *Mind* had also published the work of Edmund Gurney, Britain's foremost authority on experimental hypnotism, a former medical student who had never practiced, instead becoming a leading light in the SPR.⁸⁴ However, these accounts related to the experimental rather than therapeutic use of hypnotism.

The gothic scholar William Hughes has shown that even the work on hypnotism by the eminent neurologist Charcot at the Salpêtrière Hospital was only mentioned 'sporadically' in the British local and national press from the early 1880s and usually in the same uncomplimentary way as within the British medical journals.⁸⁵ The Salpêtrière was a large group of buildings at the outskirts of Paris. It was also the world's largest hospital at that time with over 10,000 patients. Charcot had modernised the hospital installing consulting rooms, a pathology museum, photographic services and a lecture theatre. The UK press reported Charcot's hypnotism within a wider context of public titillation and amusement. A typical example from the *Leeds Mercury* describes the 'scientific triflers' at Charcot's regular exhibitions of hysteria and hypnotism which 'afforded a rich field of observation for the novelist, dramatist and moralist.'⁸⁶ The moralistic and Francophobic columnist goes on to reflect: 'For a poor girl to have to give proof that she was totally devoid of all sense of shame, before a mixed audience, is one of those hardy notions of which only the French mind is capable.'⁸⁷

In spite of the public scepticism, various British doctors had been to witness Charcot's *Leçons du Mardi*, in which the pre-eminent physician of his day was able to display the physiological manifestations of hysteria through hypnotic technique to a fashionable audience of the prurient and to visiting scientists. His subjects were

⁸³ Daniel Hack Tuke, *Sleep-Walking and Hypnotism* (London, J and A Churchill: 1884); Percy Smith and Arthur Myers, 'On the Treatment of Insanity by Hypnotism', *Journal of Mental Science*, 36 (1890), (pp. 191-213). Hereafter *JMS*.

⁸⁴ Edmund Gurney, 'The Problems of Hypnotism', *Mind*, 9 (1884) (pp. 477-508); Edmund Gurney, 'The Stages of Hypnotism' *Mind*, 9 (1884) (pp. 110-21).

⁸⁵ William Hughes, 'Conclusion' in *That Devil's Trick: Hypnotism and the Victorian Popular Imagination* (Manchester: Manchester University Press, 2015) (pp. 209-21).

⁸⁶ Anon, 'A Visit to the Salpêtrière' *The Leeds Mercury*, 22 October, 1883, p. 5.

⁸⁷ Anon, 'Salpêtrière'.

a select group of women who all lived at the Salpêtrière. Charcot's work on hypnosis was first mentioned in the *BMJ* in a description by a visiting English physiologist, Arthur Gamgee as early as 1878.⁸⁸ However, there had been little uptake of the procedure in the UK. By the 1880s there was a steady trickle of UK visitors. Charcot's work was well-known to the SPR for example, who sent two of their two members Edmund Gurney and Arthur Myers (brother of Frederic). It should be clarified that Charcot was not developing hypnotism as a form of treatment, instead he was using it to understand the phenomenon of hysteria. In his view hypnotism itself was a pathological state and any susceptibility towards hypnotism was a mentally premorbid one.

I should also stress that this was very different from the reception by the British medical establishment of his other research. Charcot was an honorary member of the BMA and attended several of its annual meetings. He was well-respected by British physicians. In his *BMJ* obituary, his colleague and friend, Sir Thomas Clifford said of him: 'No continental physician was ever more cordially esteemed by Englishmen [...] because none had been more open to English ideas or more familiar with English work.'⁸⁹

The attitude towards Charcot's work on hypnotism was very different in the rest of mainland Europe. From 1880 onwards many European physicians had enthusiastically taken up his ideas. As his successor at the Salpêtrière, the neurologist Pierre Janet later described the situation: it was as if Charcot

had broken a dam behind which a vast head of water had been accumulating [...] There were few neurologists [in France and beyond] who failed to be influenced at this epoch by the teachings which emanated from the Salpêtrière.⁹⁰

From across Europe, practitioners such as Albert Moll and Schrenck-Notzing in Germany, Otto Wetterstrand in Sweden, August Forel in Switzerland, Josef Breuer and Sigmund Freud in Austria and Albert van Renterghem and Frederik van Eeden in the Netherlands came to visit both Charcot and later the Nancy school. Impressed and intrigued by what they saw, they enthusiastically started to use hypnotism therapeutically, to experiment and to publish.

⁸⁸ Arthur Gamgee, 'An account of a demonstration on the phenomena of hysteroepilepsy as given by Professor Charcot', *BMJ*, 12 October, 1878 (p. 545).

⁸⁹ Anon, 'Obituary – Professor Charcot' *BMJ*, 26, August 1893, pp. 495-6 (p. 496).

⁹⁰ Pierre Janet, qtd in Alan Gauld, *A History of Hypnotism*, (Cambridge: Cambridge University Press, 1992) (p. 311).

The Nancy school emerged after Charcot's eminence had legitimised the study of hypnotism in France. Its main members were the hospital physician, Hippolyte Bernheim, the lawyer, Jules Liégeois and the country doctor Liébeault, who Lloyd Tuckey went to visit. Together they expanded the theory of hypnotic suggestion which is explored in detail in chapter two but it is important to know the main conceptual differences between Nancy and Charcot's Salpêtrière. While Charcot used hypnotism experimentally to demonstrate hysteria and degeneracy in the mentally ill, the Nancy school saw hypnotism as therapeutically potent and thought it could be used universally as they believed that all were susceptible. There were unresolved tensions within the Nancy group: Liégeois' insistence on hypnotic automatism and loss of free will in the trance state were troubling to the wider public and Bernheim's idealism and evangelism towards hypnotism appeared to offer the possibility of therapy from outside the medical profession, which was worrying to physicians.

In spite of the unpromising British cultural backdrop of the time, there was something about Lloyd Tuckey's article that ensured that his trip to Nancy became the start of a larger anglophone movement and part of the *mythe d'origine* for British medical hypnotism: 'The New Hypnotism.' Such was its significance and impact that three years later, the premier North American academic journal *Science* republished the original paper in an abstracted form, for their own readership.⁹¹ Like George Kingsbury, subsequent British writers on hypnotism would acknowledge Lloyd Tuckey's importance. The tropical medicine physician Robert Felkin reviewed his work for the *Edinburgh Medical Journal* and became so interested he wrote his own book on the topic, adopting for his title Tuckey's neologism 'Psycho-Therapeutics'.⁹²

Lloyd Tuckey wrote the first edition of his medical textbook *Psycho-Therapeutics or Treatment by Sleep and Suggestion*, within months of his return from France and the publication of 'FH'.⁹³ His brief book describing his Damascene conversion to medical hypnotism in Nancy, was routinely cited as the first English text on the subject in the flurry of British and American professional and lay publications that followed. In his obituary in the *BMJ*, 37 years later, Lloyd Tuckey was described 'one of the pioneers of hypnotic treatment in England'. The essay in the *Nineteenth Century* can be seen as an opening salvo in the battle for the legitimacy of medical

⁹¹ CLT, 'The Applications of Hypnotism', *Science* 18 (1891) (pp. 462-3).

⁹² Robert Felkin, *Hypnotism or Psycho-Therapeutics* (Edinburgh: Y. J. Pentland, 1890).

⁹³ CLT, *Psycho-Therapeutics or Treatment by Sleep and Suggestion* (London: Ballière, Tindall and Cox, 1889). The subtitle was changed from 'sleep' to 'hypnosis' for all subsequent editions.

hypnosis.⁹⁴ Its influence or timeliness in the English-speaking world can be determined by the fact that it provoked or presaged a revival of interest in medical hypnosis in not only the British lay public, but in the British scientific community.

The initial choice of journal for submission is noteworthy. The *Nineteenth Century* was not a specialist medical or even a scientific journal but a monthly, literary periodical aimed at the general public.⁹⁵ Set up in 1877 by Sir James Knowles, the founder of the Metaphysical Society, the publication's editorial policy seemed to try to integrate science and religion or perhaps find some form of accommodation between the two. Knowles frequently commissioned his eminent colleagues who had been members of the Metaphysical Society (an exclusive discussion group with many clergyman members that had disbanded in 1880) to write for his journal. Alongside short stories, pieces on politics and contemporary issues, it had published articles on a wide selection of scientific and spiritual subjects. To give a flavour of the variety, other contributors in 1888 ranged from the former prime minister, W. E. Gladstone and Beatrix Potter (writing on social issues) to fictions from Arthur Conan Doyle and poetry and criticism from Francis Palgrave and Algernon Swinburne.

In this context, the journal can be seen not only as prestigious but also offering a sympathetic home for Lloyd Tuckey's views. Edmund Gurney and Frederic Myers from the SPR had also published on the topic of mesmerism in the same journal six years earlier.⁹⁶ In this era, the discipline of psychology was moving from its original academic home as a part of philosophical inquiry to becoming a mental science. Metaphysicians may have been fascinated by hypnosis and in its earlier incarnation as mesmerism, but so were many Victorians. The historian and cultural critic Alison Winter has convincingly claimed that mesmerism was practiced 'widely and continuously' in the nineteenth century across all British classes and professions.⁹⁷ Towards the end of the century, hypnotism took on additional cultural significance as it seemed to undermine an entirely materialist view of the brain and human existence that the prevailing scientific positivism offered. The hypnotic induction of the trance state appeared to allow nonphysical communication with not only other living minds through the newly termed

⁹⁴ Anon, 'Obituary – CLT', *BMJ*, (p.363).

⁹⁵ 'The Nineteenth Century', in *Dictionary of Nineteenth Century Journalism in Great Britain and Ireland*, ed. by Laurel Brake, Marysa Denmore (Ghent: Academia Press, 2009).

⁹⁶ Edward Gurney and Frederic Myers, 'Mesmerism', *Nineteenth Century*, 9 (October 1883) (pp. 695-719).

⁹⁷ Alison Winter, *Mesmerized: Powers of Mind in Victorian Britain* (Chicago, University of Chicago Press: 1998) (p. 5).

concept of ‘telepathy’ but perhaps also to spirit minds: beyond the grave to the dead.⁹⁸

Having identified the right journal, it does make it hard to account for Lloyd Tuckey’s choice of title for the paper. An essay that focuses throughout on the medical potential of hypnotism but does not mention hypnosis in the title does seem odd. As part of my research, I uncovered the solution to the riddle: it was a mistake. Searching the contemporary newspaper archives provided the answer. Within a few days of publication in the *Nineteenth Century* and in response to its initial reviews, Lloyd Tuckey wrote to the *Standard* newspaper and clarified that this was an editorial error. He had originally entitled it ‘Psycho-Therapeutics: A New Departure in Medical Treatment’ and was surprised that it had been ‘rechristened without my knowledge or consent.’⁹⁹ As I will outline, the *Standard* provided one of the more positive reviews of his journal paper and might account for the choice of this newspaper to reply and clarify.

The historian of psychology, Sonu Shamdasani has highlighted the significance of Lloyd Tuckey’s role in the genealogy of the term ‘psychotherapy’ within psychoanalytic culture.¹⁰⁰ Psycho-therapeutics was a new term that had been coined by the alienist Daniel Hack Tuke in his 1872 book, *Illustrations of the Influence of the Mind upon the Body in Health and Disease*.¹⁰¹ He had used it in one of the chapter titles: ‘Psycho-Therapeutics – Practical applications of the Influence of the Mind on the Body to Medical Practice.’ His new term conveyed the way that in mesmerism, the imagination could have a profound physical influence on the body. I will describe in the following chapter the implications of the medical doctrine of imagination. The term psycho-therapeutics was not widely adopted or even repeated in Hack Tuke’s own writing. I will cover his other important contributions to hypnotic theory in chapter two.

Shamdasani contends that Bernheim must have read Hack Tuke’s book in the French translation (which was published in 1886) as it then reappears as an

⁹⁸ Trevor Hamilton, *Immortal Longings: F.W.H. Myers and the Victorian Search for Life after Death* (Exeter: Imprint Academic, 2009) (p. 121).

⁹⁹ CLT, ‘Correspondence – Faith-Healing’, *Standard* (London, England), 3 December, 1888, p. 3.

¹⁰⁰ Sonu Shamdasani, ‘“Psychotherapy”: The Invention of a Word’, *History of the Human Sciences*, 18 (2005) 1-22 (p. 4).

¹⁰¹ Daniel Hack Tuke, *Illustrations of the Influence of the Mind upon the Body in Health and Disease designed to Elucidate the Action of the Imagination* (London: Churchill, 1872). The first usage of the related ‘psychotherapeia’ has been traced back to 1853, where it is used to describe a science of mental balance. Walter Dendy, *Psyche: A Discourse on the Birth and Pilgrimage of Thought* (London: Longman, Brown, Green and Longmans, 1853) (p. 99).

adjective, ‘psychothérapeutique’ in Bernheim’s expanded second edition that came out in 1887.¹⁰² Bernheim cites Hack Tuke’s work and defines the appropriated term as the exploitation of the special psychic state induced by hypnotism for cure or relief: ‘that is the role of hypnotic psychotherapeutic [psycho-thérapeutique hypnotique]’.¹⁰³ When Lloyd Tuckey used the term for his intended title and for his first book on hypnosis, he returned it to a noun as the name of the new therapy but he was following Bernheim’s rather than Hack Tuke’s original more general usage. Therefore, for Lloyd Tuckey, *psycho-therapeutics* was a ‘synonym for what was being practiced by the Nancy school.’¹⁰⁴

Continuing the focus on the terminology, Lloyd Tuckey refers to Liébeault’s therapy throughout the Nancy trip paper, as hypnosis and on one occasion ‘treatment by suggestion’ as it had come to be used interchangeably by Bernheim.¹⁰⁵ Bernheim believed that hypnotism was ‘the induction of a psychical condition in which the subject’s susceptibility and ability to act upon it are enormously increased.’¹⁰⁶ The nuances of suggestion with and without the hypnotic state will be discussed later.

Given the anticipated interest in the topic by the contributors and readership, is it possible that Lloyd Tuckey felt it was less likely to be controversial if he used the word *Psycho-Therapeutics* for his book and omitted the word hypnosis from his intended title. Perhaps he had some reservations about his subject matter after all. Later, I will describe in greater depth the critical orthodox medical response to John Elliotson (1791-1868), an eminent British doctor who had dared to promote hypnotism’s precursor mesmerism, fifty years before. Elliotson was a highly successful London physician who had become fascinated by the medical potential for mesmerism and experienced the ignominy of having his favourite subjects, the Okey sisters, exposed as fraudulent. In 1838, he was excoriated by a devastating series of articles in the *Lancet* and his glittering orthodox medical career was more or less extinguished. He was forced to resign his chair at University College Hospital and was thereafter viewed with suspicion by the main body of medical opinion. His story forms a major part of chapter three.

¹⁰² Daniel Hack Tuke, *Le Corps et l’Esprit. Action du Moral et de l’Imagination sur le Physique*, trans. by V. Parent (Paris: J-B Ballière, 1886); Bernheim, *De la Suggestion*, 2nd ed.

¹⁰³ Bernheim, *De la Suggestion*, 2nd ed. (p. 218).

¹⁰⁴ Sonu Shamdasani, ‘Notes towards the Genealogy of the Word “Psychotherapy”’, Ch. 5 in *Who Owns Psychoanalysis?* ed. by Ann Casement (London: Karnac, 2004) (pp. 83-106).

¹⁰⁵ CLT, ‘Faith-healing’.

¹⁰⁶ Bernheim, *De la Suggestion*, 2nd ed.

Despite Lloyd Tuckey's caution, the links between his 'Faith-healing' and mesmerism and John Elliotson were not lost on the anonymous reviewers of his essay in the *Aberdeen Weekly Journal*, the *Leeds Mercury* or the *Standard*. The first review describes the unorthodoxy and 'novelty' of the ideas.¹⁰⁷ The *Mercury* bluntly informs the reader that contrary to the title, the author 'discourses really on mesmeric influence on patients and the extent of the will power.'¹⁰⁸ The writer for the *Standard* reminded the readership of the way that in the past the medical faculty had 'put its foot down with a good deal of peremptoriness against the practical application of mesmerism to medicine and surgery,' and of how Elliotson 'lost caste' for 'an inclination to coquet with the subject.'¹⁰⁹ Nevertheless, the London paper's review was balanced and broadly supportive.

It is possible that the faith-healing title was an editorial decision rather than a proof-reading mistake and stemmed from the contemporary curiosity in religious faith-healing itself, which was on the increase in the UK and will be covered in chapter seven. For whatever reason, Lloyd Tuckey was reluctant to use either the term hypnotism or mesmerism in the title. The first edition of his textbook also omitted the word hypnotism from the title. It is interesting to see that the wording of the subtitle altered slightly by the time of the second edition, changing from 'sleep' to 'hypnosis'. *Psycho-Therapeutics, or Treatment by Sleep and Suggestion* became *Psycho-Therapeutics, or Treatment by Hypnosis and Suggestion* [my emphasis].¹¹⁰ By the second edition, Lloyd Tuckey had gained the confidence to use the word hypnosis with all of its myriad negative connotations.

¹⁰⁷ Anon, 'Faith-Healing', *Aberdeen Weekly Journal*, 20 December, 1888 p. 4.

¹⁰⁸ Anon, 'Faith-Healing', *Leeds Mercury*, 3 December, 1888 p. 3.

¹⁰⁹ Anon, 'Faith-Healing', *Standard*, 1 December, 1888, p. 5.

¹¹⁰ CLT, *Psycho-Therapeutics* (1889); CLT, *Psycho-Therapeutics or Treatment by Hypnosis and Suggestion*, 2nd ed (London: Ballière, Tindall and Cox, 1890).

1.3 'Faith-healing as a Medical Treatment'

Lloyd Tuckey was a highly literate man and the essay for the *Nineteenth Century* opens strangely like a gothic novel:

In the course of my annual holiday, I found myself last August in the ancient and interesting town of Nancy, attracted thither, however, by no desire for sight-seeing as generally understood, but by a special and professional curiosity. This curiosity was perhaps all the more piquant for a spice of scepticism and a flavour of professional prejudice which were blended with it. (FH 839)

This is ironic given the increasing influence that hypnotism and trance states would have in the contemporary gothic literature. The gothic scholar Robert Mighall argued against the prevailing Freudian interpretations in literary criticism of the gothic, emphasising the importance of contemporary context, particularly the new science of psychology for the late Victorian flowering.¹¹¹ Another critic, Roger Luckhurst went as far as to suggest that the fin de siècle gothic 'adopted the language of the psychical researcher'. However, in the extract above it is the medical scientist writing in an unmistakably gothic register.¹¹²

While Lloyd Tuckey implies that his visit to Liébeault was almost by chance, it seems quite deliberate as was his subsequent visit to van Renterghem and van Eeden in Amsterdam. Lloyd Tuckey had developed an interest in hypnotism and wanted to learn from the experts.¹¹³ In a later article he reveals that he stayed and practiced hypnosis with Liébeault for over a month.¹¹⁴ Liébeault was a country doctor who had mostly taught himself medical hypnosis after hearing a French translation of James Braid's work read at the French Academy of Sciences in 1860 and then reading his textbook *Neurypnology*.¹¹⁵ James Braid had renamed the procedure but had also identified the active process in hypnosis to be that of suggestion, rather than the transfer and redistribution of magnetic fluid. His work came at the end of the initial wave of interest in mesmerism in the UK and was rapidly forgotten there. In France, the eponymous term 'Braidism' was used medically for many years rather than his coinage, hypnotism.

¹¹¹ Robert Mighall, 'Introduction: Outside in: Gothic criticism and the Pull into Interiority' in *A Geography of Victorian Gothic Fiction* (Oxford: Oxford University Press, 1999) (p. xix).

¹¹² Roger Luckhurst, *The Invention of Telepathy* (Oxford: Oxford University Press, 2002) (p. 182).

¹¹³ CLT, Letter to van Eeden, 14 December, 1888. Allard Pierson.

¹¹⁴ CLT, 'Applications', (pp. 672-86).

¹¹⁵ Braid, *Neurypnology*; Robin Waterfield, *Hidden Depths* (London: Pan, 2002) (p. 214); Kingsbury, *Hypnotic Suggestion* (p. 12).

Liébeault had worked independently in rural practice developing his hypnotic technique based on Braidism for nearly twenty years before he became something of a medical celebrity. When Professor Bernheim from the local medical school in Nancy, discovered that Liébeault had cured one of the patients with severe sciatica that he had failed to help, Bernheim wanted to know more. Liébeault had published his own book on hypnotism in 1866, but it was long, running to 534 pages, and densely written, containing in addition Liébeault's views on psychology and philosophy.¹¹⁶ The book was not widely read. According to Robin Waterfield's history of hypnosis, it had sold only five copies in five years.¹¹⁷ So, in 1882 when approached by Hippolyte Bernheim he readily agreed to collaborate. Bernheim enthusiastically took up the new mode of treatment by suggestion and together they established the Nancy school of hypnosis. Bernheim himself published on the rediscovered therapy in 1884 and his book was far better received.¹¹⁸ He expanded it and renamed it, *De la Suggestion et de son Application à la Thérapeutique*.¹¹⁹ Within a year, by 1888 the book had been so successful it had gone into a second edition. The following year was also translated into English with the more memorable title, *Suggestive Therapeutics*. In this book Bernheim made clear his debt to Liébeault, describing his methods in detail and describing his book as 'the most important work that has ever been published on Braidism.'¹²⁰

The books were highly influential across Europe and the seeds fell into fertile soil. Gauld suggests that there was a rapid take up of the Nancy ideas and practice with two principal exceptions: Britain and France.¹²¹ In France, this was because Bernheim and Liébeault's views came into conflict with those of the great Charcot at the Salpêtrière, the most eminent neurologist of his day. In Britain, the context was much less propitious, however. Despite his previous achievements and recognition in the UK, the ideas of Charcot on hypnotism and hysteria were already viewed with great suspicion in the medical and lay press and so the Nancy school had nothing to build upon.

This may have been partly due to a long-standing conservatism among the medical profession and a deep-rooted general mistrust of foreign ideas. In the words of John Stuart Mill, the prominent Victorian philosopher: 'England [...was] usually the

¹¹⁶ Ambroise-Auguste Liébeault, *Du Sommeil et des Etats Analogues, Considérés surtout du Point de Vue de l'Action du Moral sur le Physique* (Paris: Victor Maisson, 1866).

¹¹⁷ Waterfield, *Hidden Depths* (p. 214).

¹¹⁸ Bernheim, *De la Suggestion*, 1st ed.

¹¹⁹ Bernheim, *De la Suggestion*, 2nd ed.

¹²⁰ Bernheim, *Suggestive Therapeutics* (p. 117).

¹²¹ Gauld, *Hypnotism*, (p. 327).

last to enter into the general movement of the European mind.¹²² This had been equally true at the start of the century when Mesmer's ideas had never been accepted by the main body of the medical community in the UK as they had been in Europe as I will outline in next chapter.

Although Bernheim's book had not yet been translated into English at the time of his visit, Lloyd Tuckey must have read the French publication and was intrigued. Despite his poor performance in modern languages at school he became an excellent linguist, translating an important Italian paper for the *Homoeopathic Review* and later writing for French language journals.¹²³ Perhaps his previous interest in homeopathy and its teachings gave him a wider scope than the orthodox British materialist, physiological medical view of the day. In the fifth edition of the *Organon of Medicine*, homeopathy's principal text, Hahnemann, suggests that mesmerism acts 'homeopathically, by the production of symptoms similar to those of the diseased state to be cured.'¹²⁴ Lloyd Tuckey had already had positive experiences with homeopathy and would therefore be less reluctant to consider employing another alternative medicine that already had positive links, even mesmerism.

Mesmerism was the term used to describe a form of healing energy transfer that had been initially developed by the German Franz Anton Mesmer in the 1760s. There were several different components to the evolving theory of 'animal magnetism', Mesmer's name for the technique and mode of action. Mesmer himself believed that with the aid of wands or his hands he could influence a universal, invisible fluid in order to effect cures. His technique involved traversing his hands over the patient's body in a series of 'passes'. These passes resulted in a balancing of the natural flow of the fluid which the illness had blocked. His successors had developed his ideas and experimented further. Armand de Chastenet, the Marquis de Puységur prioritised the importance of the 'magnetic sleep' or trance state in the healing process. He also observed the importance of the rapport (the intimate connection between the magnetised and magnetiser) and

¹²² John Stuart Mill, *A System of Logic, Ratiocinative and Inductive*, 8th ed., Book 6: *The Logic of the Moral Sciences* (London: Longman and Green, 1925) (p. 643).

¹²³ Tommaso Cigliano, 'The Cholera at Naples', trans. by CLT, *Monthly Homoeopathic Review*, 28 (1884), (p. 749).

¹²⁴ Hahnemann, *Organon of Medicine* 5th ed, trans. by Robert Dudgeon. The translator is the same Robert Dudgeon who joined the governing body of the Margaret Street Infirmary and employed homeopathic doctors.

described extraordinary mental abilities developing in the trance state such as clairvoyancy and thought transfer.

Mesmerism had been very fashionable across Europe at different times. However, its healing properties were rapidly overshadowed by fears of charlatanry and possible links to the occult in addition to the competing and trivialising use of the trance state in stage and home entertainments and communication with the afterlife. Lloyd Tuckey writes of his own initial cynicism towards hypnotism, indicating that he ‘went prepared to coldly investigate, to criticise, to depreciate, and probably reject’ (FH 839) but of how he ended up leaving Nancy, convinced by the worth of medical hypnotism and looking forward to the great therapeutic potential of the technique. He felt that he had to explain hypnotism for a British readership and to reassure them about its success in mainland Europe:

Treatment by psycho-therapeutics has been so much written about and so universally discussed on the Continent, that it is somewhat surprising to find the subject unknown commonly or misunderstood in this country. (FH 839)

He goes to great lengths to ground Liébeault as an ordinary country doctor who worked in a conventional medical setting: ‘There certainly is nothing mysterious in all this, and Dr Liébeault seems to take pleasure in making his whole mode of treatment clear to any serious enquirer.’¹²⁵ This was to separate him from the flamboyant and operatic aspects of mesmeric practice and stage mesmerism as well as the secret and mysterious aspects described in chapter two.

Liébeault was a ‘genial’ host who practices in an ‘unpretentious one-storied building’ (FH 840) situated in a bungalow in his garden. He was an orthodox doctor who followed contemporary medical practice by first taking a medical history and then clinically examining his patients. He did not use hypnosis for all of them but chose which conditions were most likely to respond. He saw and treated his patients individually, though a new patient was invited to watch the treatment of the patient before him. This was different to the mass group practice of Mesmer in Paris. Lloyd Tuckey stresses the generous and charitable nature of Dr Liébeault’s work among the poor of Nancy and the length of time (thirty years) that he has worked there. He did not charge for his work. This was no itinerant charlatan cheating the credulous poor out of their money. This was an honourable philanthropic local doctor with a long track record of good work. Tuckey goes on

¹²⁵ CLT, *Psycho-Therapeutics*, 1st ed. (p. 24).

to give a wide range of case reports to demonstrate the wide range of conditions successfully treated. He flags up alcoholism and drug use as new potential conditions for treatment rather than moral failings. (FH 846)



Figure 2: Liébeault (standing left) in his Faubourg St. Pierre clinic near Nancy¹²⁶

Lloyd Tuckey stresses the fact that in Liébeault's practice the patients most likely to become hypnotised and gain health benefits were physical labourers and men: 'soldiers, outdoor labourers, artisans of the most commonplace and practical type are, if anything, more susceptible than women.' (FH 842) Implicitly, he is trying to distinguish Liébeault's patient group from Charcot's clientele at the Salpêtrière, who are a highly select group of women with presentations of hysteria and hystero-epilepsy (seizures brought on by hysteria). This was intentional, not only to widen the potential population for successful treatment but also to separate medical hypnotism from the stigma of female hysteria. British writers such as the influential psychiatrist, Henry Maudsley had followed Charcot's lead and viewed a vulnerability to hypnosis as pathological and secondary to hysteria or 'a neurotic inheritance.'¹²⁷ To Maudsley, women were the weaker sex and were more

¹²⁶ Liébeault in his clinic 1873. Collection D. Morque - Conservatoire Régional de l'Image. <<https://commons.wikimedia.org/wiki/File:Liebeault1873.jpg>> [accessed 9/12/2019].

¹²⁷ Henry Maudsley, *Pathology of Mind* (London: Macmillan, 1867) (p. 32).

biologically prone to neurosis and hysteria. It followed that they would be more suggestible for hypnosis. The cultural importance of possessing a strong will to a British Victorian man is discussed in chapter four and it was critical that Lloyd Tuckey could demonstrate that robust, physically strong men could benefit from the new therapy.

Lloyd Tuckey also tackles the class issue. He accepted that the common working people of Nancy appeared if anything too easily suggestible. He suggested that this was due to societal reasons.

Those persons, as a rule, belong to the working classes; they are accustomed to obey-and to conciliate their superiors in social rank; with them the voice of authority falls on ears prepared to receive it, acts upon a brain that is unaccustomed to weigh, to argue, to resist. (FH 840)

Later in the article, he talks of his experiences in Amsterdam with van Renterghem and van Eeden. He described them as ‘disciples of Dr. Liébeault, [who] carry on an extensive practice, chiefly among the middle and upper classes.’ He likened the metropolitan Dutch to ordinary British people. Among these patients he stated that they found similar rates of cure to Liébeault despite not achieving such deep levels of hypnosis. Again, this has to be seen as an attempt to reassure his readers and potential clients that hypnosis was not just effective and safe but useful for people like them.



Figure 3: Dr. Van Renterghem in his Clinique¹²⁸

¹²⁸ W. Duncan, Engraving in CLT, *Psycho-Therapeutics* 3rd ed. (p. 139)

Lloyd Tuckey had clearly done a great deal of reading about hypnotism before he went to France. This can be inferred from the fact that within months of his return, he was able to write his first textbook which though short is well written and well-referenced. The *Nineteenth Century* essay concludes with a systematic response to many of the practical queries about medical hypnotism. He anticipated them so well that he would need to reiterate his arguments in his later books and in his public response to the criticisms of the surgeon and fiery editor of the *BMJ*, Ernest Hart covered in greater depth in chapter six.¹²⁹

Lloyd Tuckey makes the case that hypnotism is a powerful agent and like all powerful agents it requires safeguards. He compares hypnotism to toxic drugs like strychnine and aconite which may be used to poison but can be safely used by medical doctors. (FH 849) He proposes that the best safeguard would be to confine the use of hypnotism to medical men and to separate it from its associations of frivolous entertainment, black magic or quackery. This is a belief that he holds for the rest of his life and spends much of his time and later writings attempting to convince others. His goal was to persuade Parliament to enact legislation to restrict the practice. This mirrored moves by the medical profession across Europe. The governments of Switzerland, Portugal and Belgium had all banned public demonstrations of hypnotism in the late 1880s.

Let us surround the practice of hypnotism with those precautions which the welfare of society demands, and suffer it to be employed by qualified men only, who may be trusted to use it as they use other curative agent, without any affectation of mystery or occultism. (FH 850)

He makes it clear that hypnotism cannot be employed against someone's direct will despite the concerns of other doctors but is keen for the UK to adopt some safeguards to protect patients and doctors, as in continental Europe. He makes some simple and practical suggestions as to how this could be best achieved:

[N]ever hypnotising any patient without his own free consent, or that of his natural or legal guardians, and insisting on some third person being present—if possible a relation or friend of the patient (FH 850).

These recommendations would recur and can be found again in the report of the committee on hypnotism set up by BMA's Section of Psychology which reported

¹²⁹ CLT, 'New Hypnotism'; Edward Hart, 'The Revival of Witchcraft', *Nineteenth Century*, 33 (Feb 1893) (pp. 347-68), Reprinted in Edward Hart, *Hypnotism, Mesmerism and the New Witchcraft* (New York: Capo, 1982).

in 1893. The full circumstances of the report and the BMA's response are outlined in chapter six.

The first edition of *Psycho-Therapeutics* which followed within months was brief at only 80 pages and five chapters. It was dedicated to Liébeault's genius and was more of a practical handbook than a medical textbook. It provided a short history of suggestion and described primarily Liébeault's practice and hypnotic technique. Liébeault distinguished between six 'degrees' or levels of hypnotism of increasing intensity from drowsiness (level 1) to somnambulism (level 5 and 6) and preferred to work therapeutically at the lighter levels.¹³⁰ It outlined the power of the imagination in health, drawing on Hack Tuke's work; the use of the mind to concentrate the attention on the body for curative purposes, using the physiologist William Carpenter's ideas on reflexes and attention; and finally introduced the concept of suggestion of the Nancy school. The majority of the text was in the form of a case series: the conditions that he had seen treated by Liébeault and their outcome: 'I had intended to add here a short chapter giving my own experience of the treatment but the bounds originally fixed for this little book have been exceeded.'¹³¹

In this opening chapter I have brought together many biographical details about Lloyd Tuckey for the first time. I have proposed that his early experiences of homeopathy at home with his father and with colleagues at the Margaret Street infirmary may have made him more willing to challenge the medical orthodoxy when he encountered the healing power of hypnotism in Nancy in 1888. I have gone through his original *Nineteenth Century* paper because it paved the way for the New Hypnotism movement and because it clearly articulated many of the arguments that would be later rehearsed by his colleagues.

I will next argue that the wider acceptance of the legitimacy of medical hypnotism was the result of several different factors. I have started to describe the role of Lloyd Tuckey in challenging the natural conservatism of the British physicians but societal attitudes to hypnotism also needed to change. One of the most important reasons for the shift in the medical response especially, was the development of a new theoretical model to explain hypnotism's efficacy. In the 1890s, a tipping point

¹³⁰ CLT, *Psycho-Therapeutics* 1st ed (p. 75-6).

¹³¹ CLT, *Psycho-Therapeutics* 1st ed (p. 66).

was reached at which moment the previous models for activation of the medical imagination were superseded by that of suggestion. The imagination was such a complex and constantly evolving concept that it requires a thorough review of the term, its connotations, and the way it was used in order to fully understand why the 1890s was such a significant period.

Chapter 2: Imagination and Suggestion

Lloyd Tuckey uses the concept of the imagination as the primary curative force that is exploited by hypnotism in the first edition of *Psycho-Therapeutics*. In his first publication which is relatively short and mostly a series of descriptions of the patients that he had treated with Liébeault, he uses the doctrine of the imagination as an explanation for functional illnesses and their alleviation through hypnosis. For example:

It is natural to ascribe to imagination an ailment for which neither friend nor physician can find any comprehensible cause; yet these so-called fanciful ailments may be as real as typhus, and entail a thousand times more suffering on the patient.¹³²

In order to understand Lloyd Tuckey's writings and ideas on hypnotic theory and how his ideas evolved over the different editions of his book, it is essential to have an understanding of several medical conceptual models or doctrines. He mentioned a wide variety of medical writers, healers and theories and demonstrated his scholarship with historical examples. In later editions, he described the ideas developed by the researchers of the SPR alongside the Nancy school and in the three twentieth century editions, the ideas of the increasingly influential German medical hypnotists. He was not a dogmatic writer and frequently the models are presented with equal weighting. These models include the imagination, suggestion, concentration, force of will, links between hypnotism and sleep, cortical inhibition, unconscious cerebration and reflex action, double consciousness and the subliminal self. Even writing in the 7th edition of 1921, Lloyd Tuckey recognised and accepted the links between suggestion, hypnotism and previous physician's attempts to harness the imagination:

The present movement is practically the third revival in 'psycho-therapeutics' in modern times. That inaugurated by Mesmer in 1776 came to nothing on account of fraud, ignorance, and exaggeration with which it was surrounded, and the second under Braid found even less acceptance from contemporary men of science; but the revival we now see is probably destined to make a deep and permanent impression on the history of medicine.¹³³

Over the course of the thesis, I will cover the more technical aspects of hypnotic theory in more depth but in this chapter, I wish to provide an understanding of the two most significant concepts for the non-specialist of the time. One of the reasons

¹³² CLT, *Psycho-Therapeutics*, 1st ed.

¹³³ CLT, *Hypnotism and Suggestion*, 7th ed (1921) (p. 6).

for the acceptance of late Victorian hypnotism was the way it was theorised as a new technique to access the patient's own curative power: suggestion. As I will outline in the first section, previous methods for manipulating the imagination appeared mystical and even primitive, not fit for purpose by the materialist medical profession.

The doctrine of imagination had a long tradition in healing practices with a genealogy dating back to the ancients but by the end of the nineteenth its usage as an explanatory model was in decline. The medical historian Stanley Jackson has observed decreasing mentions in textbooks of *materia medica* and general therapeutics.¹³⁴ Most versions of the doctrine located the creative therapeutic power within the patient rather than the doctor. Given the recently formalised professional status of the physician this represented a loss of power compared to other more active treatments. Suggestion gave the power to the doctors to dramatically enhance the patient's capacity to heal themselves. The concept of suggestion also provided a psychological model for the effect of the physician on the mind and body of the patient which was clear, simple and linked with parallel developments in the understanding of the brain and social behaviour.

2.1 The Medical Doctrine of the Imagination

Today's narrow conception of imagination as the creative and mostly visual aspect of the mind does not do justice to the complex range of beliefs conveyed by the doctrine of the imagination by Lloyd Tuckey and other doctors in the nineteenth century. The Swiss historian, Esther Fischer-Homberger attempts to summarise it this way: 'Imagination [...] was not always seen as 'imaginary' but rather as a real force, which was active at a certain distance. It was regarded as a respectable philosophico-scientific principle, related to certain notions in the field of phantasy, ideas, creativity and memory.'¹³⁵ The concept of the imagination was used in three disparate areas of medicine: a mechanism for understanding the effects of the mind upon the body; the way that events occurring to a mother in pregnancy can influence the physical appearance of the child and also a potent cause of madness

¹³⁴ Stanley Jackson, 'The Use of the Imagination', Ch. 10 in *Care of the Psyche*, pp. 221-35 (p. 232).

¹³⁵ Esther Fischer-Homberger, 'On the Medical History of the Doctrine of Imagination', *Psychological Medicine*, 9 (1979) 619-628 (p. 620).

in overstimulation. Although this last aspect remained important for asylum superintendents and psychiatrists, for brevity, I will focus on the first two aspects.

Lloyd Tuckey like all classically educated physicians would have been familiar with the influential Renaissance model of the imagination, itself a rediscovery of Ancient Greek medical theory. His opening chapter of all seven editions of *Psycho-Therapeutics* is full of examples of the effect of the mind on the body and he concludes in the early editions: 'I have endeavoured to show how much the imagination (in its widest sense) may have to do with the health of mind and body.'¹³⁶ Humans were believed to have three faculties or souls which were simultaneously unitary and tripartite: the vegetative faculty, the sensitive faculty and the rational faculty.¹³⁷ Mankind alone had a rational soul which was constituted of three further faculties: imagination, reason and memory. The souls each communicated their effects through the *pneuma*, the spirit or more literally, the breath. Each soul was seen as situated in its own organ (the liver, heart and brain respectively) which could then act through the *pneuma*.

By the Renaissance period, concepts of the imagination had been recovered from Classical writings but were interpreted differently by different writers, particularly the alchemists. Paracelsus (1494-1541) was highly influential on many aspects of medical thinking as well as philosophy and mysticism. His writings are extensive and often use obscure and mystical language. He frequently mixed knowledge and superstition and fact and allegory in a way that is often hard to understand. He was seen both as an important mystic by the Rosicrucians and Theosophists and as one of the first medical scientists by some modern critics.¹³⁸

Paracelsus suggested that the illnesses caused by curses and that cures effected by blessings and talismans have their effects, not through some inherent power of the words, but through the power of the individual's imagination:

The power of imagination is a great factor in medicine. It may produce diseases in man and in animals and it may cure them. But this is not done by the powers of symbols or characters made in wax or being written on paper, but by an imagination, which perfects the will.¹³⁹

¹³⁶ CLT, *Psycho-Therapeutics*, 4th ed (1900) (p. 34).

¹³⁷ Stanley Jackson, 'The Imagination and Psychological Healing', *Journal of the History of Medicine and Allied Science*, 26 (1990) (pp. 345-58).

¹³⁸ Joseph Borzelleca, 'Paracelsus: Herald of Modern Toxicology', *Toxicological Sciences*, 53 (2000) (pp. 2-4).

¹³⁹ Frantz Hartmann, *Life of Paracelsus (1493-1541)* (New York: Theosophical Publishing, 1918) (p. 179).

The German historian, Heinz Schott has written extensively on Paracelsus' ideas about the imagination, particularly his belief in a connection or 'magnetism' between the stars, minerals, beasts and humans.

The human body was endowed with a double magnetism, that one portion attracted to itself the planets, and was nourished by them, whence came wisdom, thought and the senses; that the other portion attracted to itself the elements and disintegrated them, whence came flesh and blood; that the attractive and hidden virtue of man resembles that of amber and the magnet; that by this virtue, the magnetic virtue of healthy persons attracts the enfeebled magnetism of those who are sick.¹⁴⁰

Some have seen this idea of a 'magnetic link' as evidence of a further connection between the ideas Mesmer and Paracelsus. Among the most influential was the Scottish journalist and cynic, Charles Mackay. In the early nineteenth century, Mackay wrote his epic rumination on the credulity of man, *Extraordinary Popular Delusions and the Madness of Crowds*.¹⁴¹ The history and idea of animal magnetism warranted an entire chapter in which he opined that Paracelsus' followers' claim that he (Paracelsus) should be viewed as the originator of animal magnetism 'can scarcely be challenged.'¹⁴² These ideas of a lineage between Paracelsus and Mesmer are then echoed in Lloyd Tuckey's SPR colleague Frank Podmore. Podmore was another prominent member of the SPR who assisted Lloyd Tuckey with its hypnotism committee. In his 1909 historical review of mesmerism and mental healing, Podmore wrote that Paracelsus used 'actual magnets' in his healing practice but for the most part used the term magnetic as a metaphor for all distant action between bodies.¹⁴³

There are important differences between what Paracelsus' and Mesmer meant by magnetism. Mesmer was essentially a materialist and he envisaged magnetic fluid as an invisible force that was similar to the gravity described by Newton. Paracelsus' beliefs on the other hand are far more mystical and astrological. He writes of magnetism as a cosmological connection between objects and of a network of *magnetic* influence.

¹⁴⁰ Arthur Waite, *The Occult Sciences: A Compendium of Transcendental Doctrine and Experiment* (London: Paul Keagan, Trench, Trübner, 1891) (p. 230).

¹⁴¹ Charles Mackay, *Extraordinary Popular Delusions and the Madness of Crowds*, (Ware, Hertfordshire: Wordsworth Reference, 1995).

¹⁴² Mackay, *Extraordinary Delusions* (p. 305).

¹⁴³ Frank Podmore, *Mesmerism and Christian Science: A Short History of Mental Healing* (Philadelphia: George Jacobs, (1909) (p. 30).

Of all the aspects of the imagination that Paracelsus described, one of the most powerful and intellectually persistent examples for the interaction between body, experience and thought, was the possible influence of the emotional events of the pregnant mothers on the physical appearance of her unborn baby, sometimes referred to as the ‘maternal imagination’:

The imagination of a pregnant woman is so strong that it can influence the seed and change the fruit in her womb in many directions [...] For the child in the mother’s womb is exposed to the mothers influence, and is as though entrusted to the hand and will of its mother, as the clay is entrusted to the hand of the potter, who creates and forms out of it what he wants and what he pleases.¹⁴⁴

This mechanism survived the Enlightenment and remained the accepted wisdom for physicians and philosophers well into the eighteenth and nineteenth century: it answered questions about birth defects and deformities, similarities and dissimilarities between the child and its parents.¹⁴⁵ It came to symbolise the importance of the mind’s influence on the body as well as increasing the culpability of women who could not bear healthy children. The phenomenon explains the likely etymology of the term, ‘harelip’ for the malformation above the upper lip. It was originally believed that a mother’s encounter with a hare could cause this facial midline-closure defect.¹⁴⁶

Another significant alchemist contributor to the doctrine of imagination was John Baptista van Helmont (1577-1644), perhaps the most innovative of Paracelsus’ successors. Podmore also includes van Helmont in his mesmeric history crediting him with ‘the clearest, authoritative exposition of the magnetic system.’¹⁴⁷ While he rejected Paracelsus more astrological theories, van Helmont incorporated many Paracelsian and alchemical ideas in the formation of a human physiology based on various *archei* or spiritual energy centres. These were psychological and spiritual at the same time and anatomically-based in the major organs. Van Helmont viewed disease as the result of a morbid thought causing the archeus to fail to regulate the body properly. The morbid image or thought was first imagined into being by the archeus but could assume corporality and manifest as illness in certain parts of the

¹⁴⁴ Jolande Jacobi, *Paracelsus Selected Writings*, trans. by Norbert Guterman (London: Routledge and Kegan Paul, 1951) (p. 106).

¹⁴⁵ Lars Andersen, ‘Before the Placebo Effect: Discussions on the Power of the Imagination in 19th Century Medicine - with Perspectives to Present Discussions on the Mind’s Influence upon the Body’ *Tidsskrift for Forskning i Sygdom og Samfund*, 12 (2016) (pp. 31-52).

¹⁴⁶ Fischer-Homberger, *Imagination* (p. 625).

¹⁴⁷ Podmore, *Mesmerism* (p. 31).

body. He gives examples of plagues being caused by stupid imagination and fright. Convulsions, jaundice and paralysis after an animal bite or poison were the result of a transmission of an image of frenzy.¹⁴⁸ For Van Helmont, illness was simultaneously and equally physically real and 'imagined.'

The second important idea developed by van Helmont, was the importance of the site of the *archeus*. The supreme *archeus* was seen as the stomach and spleen. All of the other organs from blood to oesophagus were minor *archei* and could also hold the imagination. However, he saw the uterus as an equivalent to the stomach/spleen which resulted in an increased rate of illness in women. Van Helmont had envisioned two separate models for disease: 'as if Eve had sinned doubly.'¹⁴⁹ This is the origin of the link of 'imaginary' diseases to the terms, hypochondria and hysteria. In hypochondria (literally below the cartilage of the sternum, the upper part of the abdomen) the imagination is operating from the stomach/spleen *archeus* to cause real somatic disease. In the case of hysterical diseases, the womb is the location of the disturbed imagination which upsets the proper functioning of the body again producing genuine illness.

Fischer-Homberger traces the decline of the medical role of the imagination particularly in hypochondria, which was epidemic in the eighteenth century.¹⁵⁰ Hypochondria, also known as 'the vapours' in England at the time, could cause many symptoms: some psychological and some spiritual, like melancholia, and others physical, like fainting or flushing. At this time, it was viewed as a significant and troubling condition and a serious threat to worldwide health.¹⁵¹

By the end of the eighteenth century, the imagination had lost its importance as the causal factor in genuine hypochondriac disease but became understood as a trivial, non-specific indicator of illness. Hypochondria itself had changed too, moving closer to its present day meaning of excessive health anxiety. By 1766, the professor of Edinburgh medical school and medical taxonomist William Cullen, described it as disease in which 'a patient on the basis of mild indisposition believes himself to be in mortal danger.'¹⁵²

¹⁴⁸ J. B. van Helmont, *Aufgang der Artzney-Kunst*, trans. by F. M. van Helmont (Sulzbach: Endters Söhne: 1683) qtd. in Fischer-Homberger, *Imagination* (p. 622).

¹⁴⁹ von Helmont, *Artzney-Kunst* (qtd in Fischer-Homberger, *Imagination*) (p. 621).

¹⁵⁰ Fischer-Homberger, *Imagination* (p. 625).

¹⁵¹ Ulrich Bilguer, *Nachrichten an das Publikum in Absicht der Hypochondrie* (Copenhagen: Rothe, 1767) qtd in Fischer-Homberger, *Imagination* (p. 622).

¹⁵² William Cullen, *Clinical lectures, delivered in the years 1765 and 1766, by William Cullen, M.D. Taken in short-hand by a gentleman who attended*. (London: Lee and Hurst, 1797) (p. 219).

The next stage in the usage and definition of the medical imagination arose from its use to account for the highly fashionable but controversial medical therapy, animal magnetism. In late eighteenth century Paris, an explanation was urgently required to account for the therapeutic effects of Mesmer's magnetic baths. It needed to be different to Mesmer's idea of animal magnetism and the imagination was the conceptual model that was called upon by scientists and physicians.

2.1.1 Imagination and Animal Magnetism

The story of Franz Anton Mesmer (1734-1815) and animal magnetism or mesmerism as it came to be called, is an integral part of the story of hypnotism and is covered in the majority of histories of the practice, late Victorian and more recent. The virtual absence of his name from all editions of *Psycho-therapeutics* is noteworthy in itself. In Lloyd Tuckey's time, Mesmer's meteoric rise and reputation as a charlatan was well-known in medical circles and beyond.¹⁵³ The relevant link to my narrative of the lineage of the doctrine of imagination was the response of the scientific community to Mesmer's 'cures' which included accusations of fraud and charlatanism. The wider public worried more about possible sexual indecency.

In 1778, Mesmer left Vienna, where he had trained, for Paris the cultural centre of Europe at that time. He rapidly achieved fame and notoriety, as a result of his sensational new medical treatment. For his cures, Mesmer used *baquets*, wooden tubs filled with metal and glass tubes that were supposed to focus and conduct the invisible forces of animal magnetism which promoted the healing process. Mesmer craved respectability and the acceptance of the medical and scientific fraternity in Paris after being banned from practising his animal magnetism in Vienna. The Austrian émigré might have been ignored by the establishment were it not for phenomenal uptake of his treatment by not only the wealthy and fashionable but also several eminent Parisian physicians including Charles d'Esclon. As a result of the contemporary zeal for popular science, Mesmer rapidly became very wealthy which did not endear him to his medical colleagues either. He was accused of being a charlatan and a fraud and this reputation lingered for more than

¹⁵³ Bram Stoker includes him in his book of historical frauds. Bram Stoker, *Famous Impostors* (London: Sidgwick and Jackson, 1910).

a century presenting a significant challenge to later scientific investigation of trance.

In 1784, the king, Louis XVI, established a public inquiry into his work. Mesmer refused to take part but his follower d'Eslon agreed to demonstrate his own animal magnetism practice. The royal commission was chaired by the astronomer Jean-Sylvain Bailly and included several scientific notables such as the American polymath, Benjamin Franklin and the chemist Antoine Lavoisier. For many philosophers and historians like Isabelle Stengers, Ted Kaptchuk and Ed Cohen, this is a pivotal moment when the 'blinding' process is added to the experimental procedure but for some when creativity, the imagination and the placebo effect are excluded from the Western biomedical scientific project.¹⁵⁴

Members of the commission bathed in the *baquets* separately from the patients themselves but witnessed the mass treatments. They were bemused by the difference between the negligible effect on themselves and the convulsions of the other patrons.

The calm and silence of the one, the motion and agitation of the other; there, the multiple effects of violent crises, the habitual state of mind and body interrupted and troubled, nature exalted; here, the body without pain, the mind untroubled, nature preserving both its equilibrium and its ordinary course, in a word the absence of all effects.¹⁵⁵

The male commissioners remained quiet and unruffled while the subjects, usually women, screamed and shook in their tubs. Mesmer set great store by these 'magnetic crises' which he believed to be an important aspect of the healing process. As Lorraine Daston puts it 'For the commissioners there could be no clearer contrast between the sound [intact] and the diseased imaginations.'¹⁵⁶

In another part of their investigation, they blindfolded the subjects so they could not see the directions of the mesmerist or whether or not the water was 'magnetised'. These subterfuges produced a random response demonstrating that animal magnetism was not the causal factor. They wrote in their report to the King that animal magnetism did produce genuine effects but these were through the

¹⁵⁴ Isabelle Stengers, 'The Doctor and the Charlatan', trans. by Stephen Mueke, *Cultural Studies Review*, 9 (2003) (pp. 11-36); Kaptchuk, 'Intentional Ignorance'; Ed Cohen, 'The Placebo Disavowed: Or Unveiling the Bio-Medical Imagination, *The Yale Journal for Humanities in Medicine* (2002) <<http://womens-studies.rutgers.edu/images/FacArticles/Ed-Cohen--The-Placebo-Disavowed--Or-Unveiling-the-Bio-Medical-Imagination-.pdf>> [accessed on 16/09/2017].

¹⁵⁵ Lorraine Daston, 'Fear and Loathing of the Imagination in Science', *Daedalus*, 27 (1998) (p. 80).

¹⁵⁶ Daston, 'Fear and Loathing' (p. 80)

combined effects of ‘contact, imitation and imagination but mostly imagination.’ The report went on to describe how the imagination was induced by the anticipation of cure, the financial investment, the ceremonial aspect and the involvement of a prestigious doctor. However, as other commentators like Stengers and Cohen have observed that these real curative effects were then excluded or negated because they were considered to be due to the power of imagination and mostly on suggestible women and therefore not worthy of further consideration.¹⁵⁷

This is a critical moment in modern medicine, establishing its authority through the emerging ‘scientific method’ of experimentation and observation. Creating the boundaries by which it could exclude the ‘other’: the medic from the quack; the orthodox from the heterodox. This marks another earlier manifestation of Gieryn’s boundary-work with medicine positioning itself as a science but excluding animal magnetism as a non-science. This hostility and opposition from orthodox medicine was repeated when Lloyd Tuckey and the New Hypnotists (Milne Bramwell, George Kingsbury, Robert Felkin) began investigating and advocating hypnotism. This accounts for the considerable criticism that Lloyd Tuckey initially experienced in the medical press when he brought hypnotism back from France. The early editions of *Psycho-Therapeutics* were poorly reviewed in the *Lancet* and *BMJ*:

Hypnotism is surrounded by much quackery and charlatanism and we think he c[w]ould have produced a book more to the taste of the English medical public [...] It would have been better to substitute a more physiological groundwork for the anecdotal one he selected.¹⁵⁸

Dr. Lloyd Tuckey [...] believes that the Liébeault method of treatment by suggestion has not even now received the scientific attention it merits. [His excuse for omitting his own cases due to shortage of space] reads rather like the words ‘Time up,’ so often seen at the end of examination papers, and will probably receive the same amount of credit.¹⁵⁹

¹⁵⁷ Stengers, ‘The Doctor’; Ed Cohen, ‘The Placebo Disavowed’.

¹⁵⁸ Anon, ‘Notes on Books: Psycho-Therapeutics’, *BMJ* April 13, 1889 (p. 840).

¹⁵⁹ Anon, ‘Reviews and Notices of Books: Psycho-Therapeutics’, *Lancet* July 13, 1889 (p. 75).

2.1.2 The Imagination in the Nineteenth Century

Following the judgement of the Bailly committee, the imagination remained the plausible mechanism of action for what had evolved from animal magnetism into mesmerism for the majority of the nineteenth century both in Europe and Britain. This was in part because the work of previous writers had not been questioned even though, what was meant by the imagination had changed considerably over time and it was difficult to find universal agreement about what the term connoted. For this reason, I have separated the British and European genealogies of the concept of imagination in the nineteenth century. While mesmerism as a popular entertainment was culturally prominent on both sides of the channel, the European scientific and medical reception was far more positive than that in the UK. As a result, there was more theorising about the possible mechanism of action in Europe and particularly in France and Germany. The continental views became important in the UK at the end of the century as a result of the influence of the eminent French neurologist Charcot.

France remained the home of therapeutic mesmerism despite some of the most restrictive legislation against public displays as a result of various 'Societies of Universal Harmony' which were established by Mesmer's followers. The most influential of all Mesmer's students was Armand de Chastenet, the Marquis de Puységur. Puységur's contributions to the scientific study of mesmerism were highly significant. If Mesmer did much to bring popular and cultural attention to the phenomenon of animal magnetism, the formal features of what came to be called mesmerism were actually described and delineated by Puységur. They include the ideas of an intimate rapport between operator and somnambule, post-hypnotic suggestion, personality changes and the uncovering of extraordinary mental powers in the subject.

Puységur's books closely documented his practical experiences with mesmerism but also included some theoretical points. He freely acknowledged his intellectual debt to Mesmer but moved away from Mesmer's idea of an invisible magnetic fluid or the importance of a hypnotic, convulsive crisis. He felt that Mesmer had been unfairly treated by the first Royal Commission and disputed its findings. He accepted that imagination might be involved in the phenomena but if 'the effects of the imagination are of value, the academie [sic] will be forced to agree that the imagination is the most important doctor on earth.'¹⁶⁰ Puységur went on to suggest

¹⁶⁰ Armand Marie Jacques de Chastenet, Marquis de Puységur, *An Essay of Instruction on Animal Magnetism*, trans. by John King (New York: J. C. Kelley, 1838) (p. 64).

that the will of the magnetiser or mesmerist was the critical factor in the mechanism of mesmerism (which will be returned to in the section on suggestion) but not before referring to the imagination as the mechanism.

When John Elliotson (1791-1868) helped to popularise medical and lay mesmerism in England in the 1830s and 1840s he too, was informed by the doctrine of imagination. Elliotson was an eminent physician and medical scholar who was rejected by the medical establishment for his use of mesmerism. His observations on mesmerism in his journal, the *Zoist* were familiar to Lloyd Tuckey writing in 1905:

Many of the older experiments, such as are recorded in the *Zoist* are rendered futile by the ignorance then prevalent of the power of suggestion, a power only adequately recognised during the last five and twenty years.¹⁶¹

Early on in his career, in his first major textbook *Human Physiology*, Elliotson drew on the work of the German physiologist Franz Gall to describe the imagination in a manner closer to its modern meaning.¹⁶² He saw it as an important human mental faculty and situated it within the middle cell of the brain pan as part of his overall schema of a physiological psychology.

However, as he became more interested in the therapeutic possibilities of mesmerism, he started to use the word imagination in its older sense. Frustrated by the rejection of his work by the medical establishment, he had set up his own journal, the *Zoist*, in 1843 to allow the propagation of his own and others' more controversial views which were not being published in the more orthodox medical journals. In 1855 he wrote:

No members of the medical profession are so alive to the influence of the imagination upon the system in both health and disease as those who acknowledge the truth of mesmerism. We know, moreover, that in mesmeric states the effect of imagination is far greater than in the ordinary state, and we suspect that in persons not in the mesmeric state, but have been formerly mesmerised, the power is far greater than in those who have never been mesmerised.¹⁶³

¹⁶¹ CLT, 'Some Phases of Hypnotism', *Occult Review* 1 2 (1905) pp. 51-7 (p. 52).

¹⁶² John Elliotson, *Human Physiology*, 5th ed. (London: Longman, Rees, Orme, Brown, Green, and Longman, 1835) (p. 366).

¹⁶³ John Elliotson, 'An Instance of Sleep and Cure by Imagination only', *Zoist: A Journal of Cerebral Physiology and Mesmerism, and Their Applications to Human Welfare* 12 (1855) 396-403 (p. 396).

Elliotson railed against other doctors who denied the phenomena of mesmerism and imagination describing them as ‘grossly ignorant’.¹⁶⁴ He saw imagination as an adjunct to mesmerism but potentially adding to its efficacy. He viewed them both as useful in many areas from anaesthesia and physical illness to mental and psychosomatic conditions.

Elliotson clearly believed that mesmerism was an important medical advance that could work therapeutically both during and after the mesmeric trance. However, he was happy to recount several cases from his experience in which the therapeutic effect was caused by the imagination alone. In one paper in the *Zoist*, he wrote of several instances in which his patients were effectively treated, believing themselves to be mesmerised by Elliotson from a distance, either from another room or in one case while he was in London and his patient thirty miles away in the country.¹⁶⁵ In all these case histories the patients were expecting to be mesmerised but Elliotson had either experimented with withholding mesmeric influence or had forgotten that he had planned to do so.

British interest in mesmerism and the direct therapeutic use of the imagination more or less died out until the latter half of the century with the disgrace of John Elliotson. After Elliotson, the main medical proponent of the trance state for healing was the Scots surgeon James Braid (1795-1860), whose work on hypnotism was to find a much more receptive audience in continental Europe than the UK. His story is also related in the next chapter. Braid’s theories changed over his writing career. However, in his pamphlet, *The Power of the Mind over the Body*, he rejects any animal magnetic fluid effects in Baron Reichenbach’s experiments.¹⁶⁶ Instead he attributes the mesmeric effects caused by the magnets on the subjects as due to attention, suggestion and *imagination*. He repeatedly returns to these observations in his later writings.

While the scientific revolution had done much to discredit the imagination, it was incredibly tenacious even in the UK. Its meanings were multiple and its ramifications varied not only across time but also between writers of the same era. It could be argued that its lack of clear definition actually helped to sustain its richness and ubiquity. Even aspects of the doctrine such as the potency of the

¹⁶⁴ Elliotson, ‘Sleep and Cure’ (p. 402).

¹⁶⁵ Elliotson, ‘Sleep and Cure’ (p. 399).

¹⁶⁶ James Braid, *The Power of the Mind over the Body: an Experimental Inquiry into the Nature and cause of the Phenomena Attributed by Baron Reichenbach and Others to a “New Imponderable”* (London: John Churchill, 1846).

maternal imagination on the foetus, remained within medical and lay discourse. Some writers have argued that these theories had either died out by the end of the eighteenth century or were at least viewed as superstition by the nineteenth century.¹⁶⁷ However Lars Anderson has shown that the idea of maternal imagination was not obsolete in the nineteenth century appearing no less than 37 times in the *Lancet* between 1823 and 1875.¹⁶⁸ While these references were both in favour and against the concept, it shows that the idea was still current, recognised in medical and lay culture if no longer an orthodox medical belief.

Lars Andersen highlights a few representative articles and letters in the *Lancet* published across the century. In 1828, the obstetrician and physiologist James Blundell described his reluctance to use the imagination to account for maternal imprinting but acknowledged the regularity of such coincidences.¹⁶⁹ In a letter to the *Lancet* from 1850, Dr. MacCormack relates the story of a man whose mother was making redcurrant jam when she was two months pregnant with him. Using the imagination as the putative mechanism, MacCormack uses this incident to explain the appearance of the child. He describes an

extraordinary mark all down his left thigh and leg, (which strange as it may seem is nevertheless true) is much more vivid and prominent during the summer than at any other time. The appearance it then presents is that of a red currant-tree [sic] branch in all fruit.¹⁷⁰

Even as late as 1892, Lloyd Tuckey himself had contributed to an edition of *Baby* magazine which had a special edition covering *Maternal Impressions and their influence on the Offspring* which advised that ‘expectant mothers cannot be too carefully shielded from distressing sights and painful emotions and their lives should be surrounded by sympathy, love and kindness.’¹⁷¹ This clearly demonstrates the tenacity of the complex body-mind interactions which were understood through the lens of the imagination. Returning to Fisher-Homberger’s work on the imagination. She memorably summarises that within medicine ‘old ideas often retain credibility longer in the field of the psyche than in somatic medicine, where their survival is

¹⁶⁷ Huet argues for the eighteenth century and Shildrik the nineteenth century. Marie-Hélène Huet, *Monstrous Imagination* (Cambridge and London: Harvard University Press, 1993); Margrit Shildrik, ‘Maternal Imagination: Reconceiving First Impressions’ *Rethinking History*, 4 (2000) (pp. 243-60).

¹⁶⁸ Andersen, ‘Before the Placebo Effect’ (pp. 31-52).

¹⁶⁹ James Blundell, ‘Lectures on the Gravid Uterus, and on the Diseases of Women and Children’ *The Lancet* (1828) (pp. 225-31).

¹⁷⁰ M J MacCormack, ‘Influence of Maternal Impressions on the Foetus: Letters to the Editor’, *Lancet*, 21 December, 1850 (p. 697).

¹⁷¹ I have been unable to locate a copy of this article in *Baby* (London) though it is mentioned in *Royal Cornwall Gazette*, 20 October, 1892, (p. 6).

most frequent in gynaecology.¹⁷² The hoary old idea of the medical imagination had survived as a theory for Lloyd Tuckey but it seemed out-dated and mystical.

2.1.3 The Imagination and Daniel Hack Tuke

Perhaps the most important writer for the understanding of the imagination in the late Victorian period was Daniel Hack Tuke and Lloyd Tuckey freely cites his work. In his third edition of *Psycho-therapeutics*, he specifically recommends Hack Tuke's *Sleep Walking and Hypnotism* as an 'important' book on hypnotic suggestion and cites him no less than 13 times. However, by the seventh edition of *Psycho-therapeutics* written in 1925, Tuke's name is mentioned only once and then in relation to a striking case report rather than his theory. The roles of the imagination in disease and cure are not mentioned at all.¹⁷³ This clearly represents the final decline of the credibility of this ancient explanatory model.

An alienist and prolific author on psychological medicine, Hack Tuke was highly influential in his time. For seventeen years he was the editor of the *Journal of Mental Science (JMS)*, the major English-language mental health journal, and he was also president of the Medico-Psychological Association, the precursor to the British Royal College of Psychiatrists. According to his obituary in the *BMJ*:

Probably no name was as well known among alienists the world over as that of Dr. Hack Tuke. In America he had long been recognised as the British leader, and his personal friendship with most of the leading physicians practising in psychiatry was universal.¹⁷⁴

He was the editor of *A Dictionary of Psychological Medicine*, the most ambitious British psychiatric work of the nineteenth century for which he personally wrote 68 sections and corresponded with 128 international contributors.¹⁷⁵ He co-authored of *A Manual of Psychological Medicine* with John Bucknill, which became a

¹⁷² Fischer-Homberger, *Imagination* (p. 625).

¹⁷³ CLT, *Psycho-Therapeutics* 7th ed (London: Balliere, Tindall and Cox, 1925).

¹⁷⁴ Anon, 'Obituary - Daniel Hack Tuke', *BMJ*, 9 March, 1895, 565-6 (p. 565).

¹⁷⁵ Daniel Hack Tuke, *Dictionary of Psychological Medicine giving the Definition, Etymology and Synonyms of the Terms used in Medical Psychology*, Vol 1 and 2. (London and Philadelphia: J. Churchill and P. Blakiston, 1892); Thomas Bewley, *Madness to Mental Illness. A History of the Royal College of Psychiatrists*. Online archive 7, Daniel Hack Tuke (1817–1895). <<https://www.rcpsych.ac.uk/pdf/Online%20archive%207%20Daniel%20Hack%20Tuke.pdf>> [accessed 28/10/2017].

standard text.¹⁷⁶ Tuke's work has often been overlooked by Victorian scholars and historians, though this has been recently redressed by Sarah Chaney.¹⁷⁷

Hack Tuke initially wrote his main work on the imagination, *Illustrations of the influence of the Mind upon the Body in Health and Disease* (hereafter *Illustrations*) for the *JMS* in 1870, in the form of eight separate interlinked articles.¹⁷⁸ He expanded and refashioned it for publication as a book which was published two years later.¹⁷⁹ Though the initial reception was mixed, it remained one of his popular books and he revised it for a second edition in 1884.¹⁸⁰ However, its worth was recognised in Europe where it was translated into both French and German in the 1880s. There, such luminaries of psychiatry as Bernheim, Dubois, Janet and Charcot often cited the book. As previously noted, Bernheim had appropriated his neologism *psychotherapeutics* from the book. Such was its continuing popularity that it had two further English reprints in the 1890s.

Illustrations is a well-written work which demonstrates considerable scholarship for man whose school days were hampered by his delicate constitution. Over nearly 500 pages Hack Tuke constructs a history of the imagination covering many of the major writers and incidents that I have covered. He matched his obituarists view that he was 'a cool-eyed observer of nature, and not the far-seeing prophet.'¹⁸¹ He uses a multitude of diverse though rather repetitive case histories from his own experience, as well as contemporary and older sources to illustrate the impact of the mind on the body.

The book is divided into four sections. The first three examine the effect of the intellect, the emotions and the will (or volition) on the body and the last part looks at the therapeutic uses to which the mind can be put. Although he worked as a psychiatrist, it is clear that his intention in this book was to highlight the importance of the mind to the bodily health and to bring the study of mental health closer to general medicine.

¹⁷⁶ John Bucknill and Daniel Hack Tuke, *A Manual of Psychological Medicine: Containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity. With an Appendix of Cases.* (London / Philadelphia: J. Churchill / Blanchard and Lea, 1858).

¹⁷⁷ Sarah Chaney, 'The Action of the Imagination: Daniel Hack Tuke and Late Victorian Psycho-Therapeutics', *History of the Human Sciences*, 30 (2017) (pp. 17–33).

¹⁷⁸ Daniel Hack Tuke, 'Illustrations of the influence of the Mind upon the Body in Health and Disease, Part 1', *JMS*, 16 (1870) (pp.166-95).

¹⁷⁹ Daniel Hack Tuke, *Illustrations of the influence of the Mind upon the Body in Health and Disease, Designed to Elucidate the Action of the Imagination*, (London: J. and A. Churchill, 1872).

¹⁸⁰ Ireland, 'Daniel Tuke' (p. 379).

¹⁸¹ 'Obituary – Daniel Hack Tuke', *Lancet*, 16 March, 1895, 718-9 (p. 719).

The idea of harnessing the person's mind in the treatment of both their physical and mental illness represented a shift away from prevailing beliefs in the fixity of mental illness. The evolving discoveries of the electrical operation of the nervous system had helped to maintain a highly materialistic view of mental functioning in Britain and resulted in a rather static, deterministic view of mental illness.¹⁸² With his book on the imagination, Hack Tuke was deliberately exploiting an earlier but more optimistic model of a dynamic psychology. This corresponded with his personal experience of the importance of benign treatment of the mentally ill and of encouraging them to exercise self-control. Indeed, one of the critics of the book, writing in the *Lancet*, focused on the arguments about treating mental illness and mindful of Hack Tuke's family history announced that his 'psycho-therapeutics' was merely 'moral therapy' by another name.¹⁸³ This demonstrates the vagueness and imprecision of these definitions.

Although Hack Tuke did struggle to fix and delineate the boundaries of the imagination for similar reasons to the ones that I have shown, he does attempt to define the term. Like the Romantics he saw the imagination as a powerful creative force: 'those ideas which arise without any direct external stimulus.'¹⁸⁴ Specifically, he understood it as the route for the mind's undeniable influence on the body. He viewed the imagination as a life-force and the mechanism by which a patient's mind could lead to 'certain (bodily) phenomena' when there was no other cause to explain the changes.¹⁸⁵ He was sufficiently well-read to emphasise the fact that although the means was through the imagination, the results were real and not imagined. He criticised other physicians and natural philosophers who had confused the two effects.

Hack Tuke's second edition of *Illustrations* was published in 1884 and had clearly influenced Lloyd Tuckey in the years before he visited Liébeault. Lloyd Tuckey's first edition of *Psycho-Therapeutics* ran to only five chapters and the first two rehearse instances of mind-body interaction which cover similar themes and even use examples from *Illustrations*. Lloyd Tuckey makes use of Hack Tuke's style of assembling anecdotes or case histories. He clearly thought that this was important context to understand therapeutic hypnotism as he uses Tuke's account of a French nobleman who died from the imagination in every subsequent edition of *Psycho-*

¹⁸² Roger Smith, *Inhibition: History and Meaning in the Sciences of Mind and Brain* (Oakland: University of California Press, 1992).

¹⁸³ 'Reviews and Notices of Books', *Lancet*, 101 (1873) 2576, (pp. 52-3).

¹⁸⁴ Tuke, *Illustrations*, (p. 180).

¹⁸⁵ Tuke, *Illustrations*, (p. 180).

Therapeutics.¹⁸⁶ The man was condemned to death and allowed himself to be convinced by his friends that he was bleeding to death while blindfolded till his heart stopped, even though his skin was never cut. This anecdotal approach was similar to the methodology of the SPR who collected reports of apparitions and ghostly manifestations as part of their investigation into psychic events and may explain its continued appearance and Lloyd Tuckey's consistent style in versions of *Psycho-Therapeutics*.

Hack Tuke was aware of the growing profile of hypnotism in Europe and reviews the relationship between hypnotism and the imagination in some detail. He prefers the term Braidism to hypnotism and both to mesmerism in the text but in a footnote reveals himself to be a pragmatist arguing that it is better to 'cure disease under a name which is associated with an unproved theory, than refuse on that account to employ it.'¹⁸⁷ Tuke repeats the clinical histories of eight patients who consulted James Braid and were cured of conditions ranging from deafness to cataracts and stroke by hypnosis. He accepts Braid's contention that the hypnotic state is one in which the patient is able to intensify the power of the mind's influence on the body and quotes Braid's agnosticism of the mechanism:

Whether these extraordinary physical effects are produced through the imagination chiefly, or by other mean, it appears to me quite certain that the imagination has never been so much under our control, or capable of being made to act in the same beneficial and uniform manner, by any other mode of management hitherto known.¹⁸⁸

Hack Tuke is cautious not to commit himself to one causal mechanism for hypnotism. He is careful to ascribe limits to the therapeutic possibilities of the imagination and does not attribute all of the therapeutic effects of hypnotism to the imagination or to the hypnotic sleep. Like the Bailly commission he mentions the importance of faith and expectation in the healing process. Drawing on William Carpenter's work on expectant attention and reflexes in *Principles of Mental Physiology*, Hack Tuke also suggests that the attention might contribute.¹⁸⁹ He proposes that this can occur even 'without the administration of inert drugs.'¹⁹⁰ This may work by directing the patient's focus towards the affected part which may act 'physiologically by increasing the blood supply' or perhaps more directly still,

¹⁸⁶ CLT, *Psycho-Therapeutics* 1st ed (1889) (pp. 8-9).

¹⁸⁷ Tuke, *Illustrations*, (p. 441).

¹⁸⁸ Braid, *Neurohypnology*, qtd. in Tuke, *Illustrations*, 2nd ed, (p. 445).

¹⁸⁹ William Carpenter, *Principles of Mental Physiology* (London: King, 1876).

¹⁹⁰ Tuke, 'Systematic Direction of the Attention to a Particular Region of the Body' Ch. 13 Sec 4 in *Illustrations* (p. 430-2).

though he does not specify the process involved. Tuke also suggests that distracting the attention from the affliction may be therapeutic. Lloyd Tuckey also uses these ideas in the first four editions of *Psycho-Therapeutics*:

[T]he effects of 'directed consciousness' are greatly increased under certain conditions, when the mind is so withdrawn from the consideration of all extraneous ideas as to be absolutely concentrated upon one object.

We have seen how concentration of mind-faculty [...] can modify functions, and both produce and cure disease [...] As a rule, happily, the organic functions which carry on life are purely automatic; but, as we have seen, it is possible to concentrate the attention upon them, and so affect their operation, sometimes beneficially, but far more commonly with detriment to the health of mind and body.¹⁹¹

Tuke continued to have an interest in hypnotism and wrote an article for the *JMS* in addition to a short book on the subject, entitled *Sleep-walking and Hypnotism* both published in 1884.¹⁹² However in both these publications he chooses to concentrate on the physiological changes associated with hypnotism rather than speculate on the mechanism of action. This represented part of a concerted European medical effort to focus on the material aspects to make hypnotism more scientific and can be seen in the work of Charcot, Bernheim, Moll and the Hypnotic committee of the SPR. One of the reviewers of *Psycho-Therapeutics* suggested that 'It would have been better to substitute a more physiological groundwork for the anecdotal one he selected.'¹⁹³ This switch in research emphasis was noticed by the author Conan Doyle and provided key detail in *The Parasite* described in chapter four. In *Sleep-walking*, Hack Tuke does not mention the imagination as a possible explanatory model, suggesting that he felt that this theory was rapidly losing traction in Britain and Europe.

In summary, the imagination was initially used by Lloyd Tuckey as the way to understand the healing power of hypnosis. It had a long history as an explanatory model for a variety of physical, medical and psychological phenomena. However, as I have demonstrated it has had multiple meanings both in general and technical usage. Its amorphous nature and lack of clear definition had served to sustain its versatility and usefulness within philosophical and scientific discourse. By the nineteenth century, the imagination was still referred to in the medical literature

¹⁹¹ CLT, *Psycho-Therapeutics* 4th ed (1900) (pp. 34-5).

¹⁹² Daniel Hack Tuke, 'On the Mental Condition in Hypnotism', *JMS*, 29 (1883) (pp. 55-80); Daniel Hack Tuke, *Sleep-walking and Hypnotism* (London: J. and A. Churchill, 1884).

¹⁹³ Anon, 'Notes on Books: Psycho-Therapeutics', *BMJ* April 13, 1889 (p. 840).

as the cause and the cure of both mental and physical illness. Associated features such as maternal imprinting as a cause of foetal abnormality continued to appear occasionally in reputable medical journals despite their alchemical origins. However, by the middle of the century the popularity of this construct was on the wane. Medicine was a science and physiology was the central pillar of that science. It is indicative of the absence of other coherent models for hypnosis that the imagination continued to be used in this context.

In the early editions of *Psycho-therapeutics*, Tuckey makes use of the doctrine of imagination and is drawing on that long medical tradition but particularly the recent writing of Tuke. The editor of the *JMS* and president of the MPA was very influential at the time. The clearest evidence of Tuke's influence on Lloyd Tuckey is his use of the term 'psycho-therapeutics' as his title. The first recorded use of this term with this meaning is in Tuke's *Illustrations*, where it is the title of chapter 17, which is subtitled 'The Practical Application of the Influence of the Mind on the Body to Medical Practice.'¹⁹⁴ Over the initial editions of *Psycho-Therapeutics*, Lloyd Tuckey puts the imagination centre stage but then moves to the terminology of suggestion. Later he is forced to return to the idea of the imagination as the cause of healing but sees suggestion as the best way to utilise it. By the time of his last book the imagination has disappeared altogether. However, in the 1890s it was the development of the new model of suggestion and shift away from imagination which contributed to the change in medical and public opinion.

¹⁹⁴ Tuke, *Illustrations* (p. 361).

2.2 The Concept of Suggestion

Like the imagination, the exact meaning and in particular the technical use of the word suggestion varies over time. I will look at both what it meant to Lloyd Tuckey and his peers and some more contemporary views about its role in healing. The current *Oxford English Dictionary* describes suggestion as ‘the action of prompting one to a particular course of action; the putting into the mind of an idea, an object of thought, a plan or the like; an instance of this, an idea a thought suggested, a proposal.’ It dates this usage between 1382 and 1885, illustrating with examples from Milton and the King James Bible. The more technical usage, meaning ‘the action of influencing a person to accept an idea or belief uncritically, especially as a technique in hypnosis’, arose quickly between 1887 and 1903.¹⁹⁵ However, the etymology is interesting as outside of a clinical context, suggestion has had a slightly sinister quality which it has retained to this day particularly in the adjectival form as *suggestive*. In middle English suggestion was ‘a prompting to evil’ and can be found in Chaucer and Milton’s work.¹⁹⁶

The broad concept of suggestion has had an important role in all forms of healing across all cultures, both recently and historically. It has been routinely used in ancient healing traditions, religious and magical (thaumaturgical) faith-healing rituals, shamanism, complementary and alternative medicine as well as taking its place as part of contemporary biomedical medical practice. More recently, it has been seen as a component of the placebo effect.

Healers have always tried to alter the mental state and beliefs of their patients in order to ease suffering, either knowingly or unknowingly. The means of influence have taken a myriad of forms. Suggestions may be spoken or nonverbal. Reassuring gestures can be as powerful as comforting words. The journalist Charles Mackay observes in *Popular Delusions* in 1841:

A motion of the hand, or a glance of the eye, will throw a weak and credulous patient into a fit: and a pill made of bread taken with sufficient faith, will operate a cure better than all the drugs in the pharmacopeia.¹⁹⁷

¹⁹⁵ ‘Suggestion’ in *Oxford English Dictionary*. <<https://en.oxforddictionaries.com/definition/suggestion>> [accessed 8/10/2018].

¹⁹⁶ ‘Suggestion’ in <<https://www.etymonline.com/word/suggestion>> [accessed 26/03/2018]. Geoffrey Chaucer helped to establish Middle English vernacular with *The Canterbury Tales* written in the fourteenth century. In stanza 331 of *The Parson’s Tale* he writes ‘Deedly synne hath first suggestion of the feend.’ John Milton was a seventeenth century poet whose *Paradise Lost* influenced centuries of British writers: ‘The first sort by thir own suggestion fell, Self-tempted, self-deprav’d’ Book 3, (p. 56).

¹⁹⁷ Mackay, ‘The Magnetisers’, in *Popular Delusions*, pp.304-45 (p. 304).

Historians of medicine have observed these similarities over time while anthropologists have noted and described the commonalities in healing practices across cultural settings. In non-industrialised societies, group and individual ceremonies have been described by Mircea Eliade and Lévi-Strauss.¹⁹⁸ Both were aware of the importance of the performative aspects, from the healing environment to the costume of the healer to the words and ceremony. Shamanistic and thaumaturgical practices usually exist alongside naturalistic treatments involving surgery and medicine, but in all cultures, they are more likely to be applied to conditions that have a significant psychological or emotional element.¹⁹⁹ Lévi-Strauss takes a structuralist view and attempts to link the common aspects between the various rituals as relating to shared cultural beliefs and suggestion (my term) between healer and healed. He goes into detail about the shaman's complex and elaborate healing ceremony among the Kuna people of Panama but makes a useful summary of all such rituals:

That the mythology of the shaman does not correspond to an objective reality does not matter. The sick woman believes in the myth and belongs to a society which believes in it. The tutelary spirits and malevolent spirits, the supernatural monsters and magical animals, are all part of a coherent system on which the native conception of the universe is founded. The sick woman accepts these mythical beings or, more accurately, she has never questioned their existence. What she does not accept are the incoherent and arbitrary pains, which are an alien element in her system but which the shaman, calling upon myth, will re-integrate within a whole where everything is meaningful.²⁰⁰

The multiple suggestions contained within healing procedures may be concerned with influencing the patient's view that their symptoms represent illness or proposing that taking a certain medicine or following a particular procedure or ritual will lead to recovery or reduction of symptoms. As the anthropologists have shown, these suggestions will be culturally specific so that expectation or 'expectancy' also plays an important part in the effectiveness of any suggestion. The social role of the healer will engender an expectation in their social group that they can offer cure or relief. The desire within the patient to feel better also renders them highly *suggestible* and provides a fertile starting point for the healer's

¹⁹⁸ Mircea Eliade, 'Shamanism in Central and North Asia: Magical Cures the Shaman as Psychopomp' in *Shamanism: Archaic techniques of Ecstasy*, trans. by Willard Trask (Princeton: Princeton University Press, 2004) (pp. 215-58); Claude Lévi-Strauss, 'The Sorcerer and his Magic' *Structural Anthropology*, trans. Claire Jacobson and Brooke Schoepf (New York: Basic Books, 1963) (pp. 167-85).

¹⁹⁹ Jerome Frank and Julia Frank, 'Religiomagical Healing' in *Persuasion and Healing, A Comparative Study of Psychotherapy*, 3rd ed. (Baltimore: Johns Hopkins University Press, 1991) (pp. 87-112).

²⁰⁰ Lévi-Strauss, *Structural Anthropology* (p. 197).

ministrations. These ideas become useful as we look at suggestion and healing historically over time, as well as across geography and culture.

While the healing practices appear to be cross-cultural and ancient, the concept and language of suggestion do not appear in relation to healing until surprisingly late. In fact, not until the latter half of the nineteenth century. It is the physician and hypnotist Hippolyte Bernheim, Lloyd Tuckey's French colleague and friend, who popularised the contribution of suggestion to healing in his book *Suggestive Therapeutics*.²⁰¹ In his introduction to the second edition, Bernheim clearly states his view that the therapeutically effective part of 'Braidism' or hypnotism is suggestion which has a technical meaning not dissimilar to the present-day definition:

I have entitled this book Suggestion. The word magnetism, born of an erroneous interpretation of the phenomena, has no longer any cause for existence. Suggestion rules the greater part of hypnotic manifestations, and in my opinion the phenomena which are called physical are only psychical. The hypnotized subject grasps the operator's thought. His brain excites and carries it out by means of an exalted suggestion, which is produced by the special concentration of mind in the hypnotic condition. Suggestion is the key to Braidism.²⁰²

It is apparent that hypnotism, mesmerism and suggestion have considerable theoretical overlaps as well as a long temporal association and the several key historical developments in mesmerism and hypnotism will be included in this conceptual and contextual review. Another reason for my coverage is that in the late nineteenth century, the new scholars of hypnotism were keen to create a history and narrative for their new discipline to provide a sense of tradition as well as a medical progress over time. This means that in Lloyd Tuckey's writing, like that of his fellow European hypnotic innovators, he draws upon a long lineage of thought dating back to Ancient Greece. This process has been observed across all novel technical and scientific disciplines in what Vandermeesch describes as creating a *mythe d'origine*, a similar idea to Hobsbawm and Ranger's concept of a 'usable past': establishing through narrative, a sense of tradition in order to legitimise the present.²⁰³ The process is not limited to scientific endeavours but can also be seen in the establishment of societies like freemasonry and the Golden

²⁰¹ Bernheim, *De la Suggestion* 1st ed.

²⁰² Bernheim, *Suggestive Therapeutics*, 1st ed (p. xiii).

²⁰³ Patrick Vandermeesch, "Les Mythes d' Origine" in *The History of Psychiatry and its Histories*, Ch. 11 in *Discovering the History of Psychiatry*, ed. by Mark Micale and Roy Porter (Oxford: Oxford University Press, 1994) (pp. 219-31); Eric Hobsbawm and Terence Ranger, 'Introduction: Inventing Traditions' in *The Invention of Tradition* (Cambridge: Cambridge University Press, 1983) (pp. 1-14).

Dawn, a secret ceremonial magic group which will be covered later. I will discuss the application of these historical concepts in more detail in chapter three which focuses on the way that British hypnotists created an alternative history of hypnotism with a prominent cast of British physicians.

2.2.1 Suggestion and Faith-Healing

Many medical writers have proposed that suggestion is the active ingredient in faith-healing of all kinds: magical and religious. Most notably these include the anthropologist and First World War physician, W.H.R. Rivers (1864-1922) and the British psychiatrist, Louis Rose.²⁰⁴ The term thaumaturgy is used to describe the miracles and cures performed through religious and magical means. Interest in faith-healing was to increase in the first part of the twentieth century as a result of the popularity of Mary Baker Eddy's Church of Christian Science. I will return to this in chapter seven when I look at Charles Lloyd Tuckey's involvement with a joint medical and Anglican church commission.

At this point, I want to flag up the regular appearance of the combination of patient, healer, audience and altered consciousness which will recur throughout this section. There are obvious links to the features described by Mircea Eliade and Lévi-Strauss.²⁰⁵ By the nineteenth century, writers like the sceptic Mackay were also able to see the similarities between faith-healing and mesmerism but had no language to explain it.²⁰⁶ When the new concept of suggestion arose for the first time in the 1880s, physicians like the influential German psychiatrist, Albert Moll and the British physician, Mathias Roth, put forward the idea that this might be the common mode of action.²⁰⁷

Lloyd Tuckey was clearly influenced by Moll's writing and, in particular, his historical perspective. He cited him in all editions of *Psycho-Therapeutics* and repeated the newly explained connection between faith-healing, mesmerism and suggestion. His relationship with the Hungarian homeopathist and exercise therapist Roth was much closer. A senior homeopathist and mesmerist, Roth claimed to

²⁰⁴ William Rivers, *Medicine, Magic and Religion*, (London: Routledge, 1999) (pp. 1-26); Louis Rose, *Faith Healing* (Harmondsworth: Penguin Books, 1970).

²⁰⁵ Eliade, *Shamanism*; Lévi-Strauss, 'The Sorcerer'.

²⁰⁶ Mackay, *Popular Delusions*.

²⁰⁷ Albert Moll, *Hypnotism* (London: Walter Scott, 1890); Mathias Roth, *The Physiological Effects of Artificial Sleep with some Notes on the Treatment by Suggestion* (London: Baillière, Tindall and Cox, 1887).

have worked under John Elliotson at the London Mesmeric hospital and had written his pamphlet in 1887, 'with the sole purpose of rousing the interests of my younger colleagues in a branch of the healing art.'²⁰⁸ He and Lloyd Tuckey had worked together at RLHH where Roth had been a governor. Later, Roth was to claim that it was he who was responsible for encouraging Lloyd Tuckey's early interest in hypnotism and his significance to Lloyd Tuckey was apparently acknowledged by Liébeault at the testimonial dinner celebrating his retirement:

My thanks are particularly due to Mathias Roth who was one of the first to appreciate the principles I have taught and who it was who induced his countryman Dr. Charles Lloyd Tuckey to investigate them.²⁰⁹

In response to the rise of Christian Science, Lloyd Tuckey's SPR colleague Frank Podmore compiled a history of faith-healing which explicitly linked mesmerism and the new religion:

[A]s the pioneers pushed their exploration into the new territory thrown open to them by the Viennese doctor [...] they found that the facts with which they had to deal belonged less to the body than to the soul or psyche [...] Animal magnetism became the fertile matrix from which sprang all the shadowy brood of latter-day mysticisms – Spiritualism, Theosophy, The New Thought culminating in the Christian Science of Mrs Mary Baker Eddy, in which we find the wheel has come full circle and the practice of healing has once again become inseparably connected with the practice of religion.²¹⁰

All these writers chose specific, well-documented historical examples of thaumaturgy, such as wart-charming, miracle cures at Lourdes, the phenomenon of the King's Touch and the laying on of hands by Valentine Greatrakes and drew comparisons with hypnotic cures.²¹¹ The reason for discussing these cases was to demonstrate how powerful the new language of suggestion had become as it could be used retrospectively as an explanatory model for previously unexplained events and it created a sense of tradition to bolster the credibility of hypnotism. This retrospective projection of a history is common.

In all editions of *Psycho-Therapeutics*, Lloyd Tuckey describes 'Touching for the King's Evil' or the Royal Touch. This was the name given to the healing power of the Kings and Queens of England and France that was said to be bestowed by the

²⁰⁸ Roth, *Artificial Sleep* (p. 2)

²⁰⁹ Mathias Roth, 'Correspondence: Presentation of a Testimonial to Dr. Liébeault of Nancy', *Monthly Homoeopathic Review*, 9 (1891) (pp. 488-91) (p. 490).

²¹⁰ Podmore, *Mesmerism and Christian Science* (p. viii).

²¹¹ CLT, *Psycho-Therapeutics*, 4th ed. (p. 29); Moll, *Hypnotism*, (p. 291).

placing of the monarch's hands on the face or neck of the affected subject. It worked best for scrofula, the swelling of the lymphatic vessels of the neck caused by tuberculosis (partly because it was a self-limiting and transient condition), but was also said to cure goitre, rheumatism, fevers and blindness.²¹² Henry I was believed to be the first to use his talent in England, but the procedure was formalised by Henry VII (reign 1485-1509). He introduced a four-part ceremony which found its way into the Anglican *Book of Common Prayer* (1634).²¹³ Later English monarchs varied in their enthusiasm for the ceremony and generally the Catholic ones participated more than the Protestant ones. Popular fervour and regal inclination coincided in the reign of Charles II who personally touched 92,000 people over his lifetime, sometimes several hundred in a day.²¹⁴ It was not until the early eighteenth century that George I discontinued the practice and it was finally removed from the *Book of Common Prayer* in 1732.

The historian, Keith Thomas has discussed the phenomenon of the Royal Touch in *Religion and the Decline of Magic*.²¹⁵ His thesis is that in this the monarchy harnessed an old form of magical belief but incorporated into a religious context, in order to provide a more acceptable protective framework. The descriptions certainly suggest a potent, dramatic public setting for the rites in large churches, cathedrals and palaces with all the pomp of royal ceremony which is common for these thaumaturgical cures.

In later editions of *Psycho-Therapeutics* Lloyd Tuckey uses the example of the Royal Touch to speculate on aspects of suggestion in a recognisably modern manner:

[T]ouching for the king's evil did no doubt effect many cures. The royal progresses were announced some time beforehand, and the sufferers along their route had often weeks in which to cherish the expectation of healing, in itself so beneficial; and in those days of faith, when the belief of the divine right of kings was universal and strong, the touch of the royal hand must [...]

²¹² Marc Bloch, *The Royal Touch: Monarchy and Miracles in France and England*, trans by J E Anderson (Dorchester: Dorset Press, 1989) (p. 248); David Sturdy, *The Royal Touch in England. European Monarchy: Its Evolution and Practice from Roman Antiquity to Modern Times* (Stuttgart: Franz Steiner Verlag, 1992) (p. 190).

²¹³ *Church of England, The Book of Common Prayer: The Texts of 1549, 1559, and 1662* ed. Brian Cummings (Oxford: Oxford University Press, 2011).

²¹⁴ Stephen Brogan, 'Introduction' in *The Royal Touch in Early Modern England: Politics, Medicine and Sin*. (Woodbridge, Suffolk: Boydell, 2015) (pp. 1-22).

²¹⁵ Keith Thomas, 'Magical Healing' Ch. 7 in *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth Century* (London: Penguin Books, 2003).

have had a stimulating effect which may often have caused a healthful reaction.²¹⁶

In the fourth edition he considers the importance of the delay and anticipation of the sufferers waiting along the route of the Royal progression as it went around the country that contributed to their expectation and suggestibility. In the fifth edition, he considers the attributes of the healer (as perceived by the sufferer) which make him an effective healer. He recalls the time when there were two British sovereigns disputing the succession, in William III and James II. He proposes that 'it was only the monarch deemed legitimate [by the supplicant] and possessed of divine right who worked the cure.'²¹⁷ Although the concept and terminology of suggestion is new, it appears to offer a simple and intuitive way of understanding these ancient phenomena.

Apart from the English monarchy, the other famous British faith-healer was Valentine Greatrakes (1628-1682). I have included his influence on faith-healing for two reasons. While he is not directly mentioned in Lloyd Tuckey's work, he was well-known and features in Albert Moll and Frank Podmore's works as an important predecessor for Mesmer.

'Every able practitioner knows this suggestive treatment, which is as old as disease [...] There is no need to recount the miraculous deeds of each century. But I may mention the well-known Greatrakes, whose cures astonished all England in the seventeenth century.'²¹⁸

Greatrakes' faith-healing was within a religious framework and his technique was 'stroking', which was to evolve into mesmeric passes. Greatrakes was an Irish Protestant who came to believe that he was able to cure the King's Evil, which was another name for scrofula: 'this suggestion became so strong that he stroked several persons and cured them.'²¹⁹ In the year of 1666, there was Greatrakes mania across the UK and later Europe. He demonstrated his cure across the country to a wide range of people. His healing powers were witnessed and authenticated by the nation's elite including the physicist Robert Boyle and the poet Andrew Marvell. He was even asked to show his work to King Charles II. Though the court was not fully persuaded of the powers of the charismatic healer, he was given leave to

²¹⁶ CLT, CLT, *Treatment by Hypnotism and Suggestion; Psycho-therapeutics*, 4th ed. (London: Baillière, Tindall and Cox, 1900) (p. 29).

²¹⁷ CLT, *Psycho-Therapeutics*, 5th ed. (London: Baillière, Tindall and Cox, 1907) (p. 36).

²¹⁸ Moll, *Hypnotism* (p. 291)

²¹⁹ Sylvanus Urban, 'Anecdotes of Valentine Greatrakes', *Gentleman's Magazine and Historical Chronicle*, 54 (1779) (p. 22).

continue with his therapeutic work despite performing miracles that had previously only been the prerogative of the King himself.

Greatrakes stayed in London until the end of May and continued to lay hands on prodigious numbers of the sick.²²⁰ His only intervention was the exaggerated stroking of the affected area, apparently drawing the sickness from the body. Many collapsed or had fits before they actually saw him, a further example of the tradition of altered consciousness or ‘crisis’ which were repeated with Mesmer’s crowds. He went on to travel through continental Europe so that his story was known beyond parochial Britain. Greatrakes was a deeply religious man and contemporary accounts describe him as having ‘a grave but simple countenance that shewed no signs of his being a cheat.’²²¹ He interpreted the fits as evidence of demonic possession and saw his treatment as a kind of exorcism. Indeed, he thought all illness to be caused by evil spirits.

Saint Evremond, a critic of the time observed:

So great was the confidence in him, that the blind fancied they saw the light which they did not see – the deaf imagined they heard – the lame that they walked straight, and the paralytic that they had recovered the use of their limbs. An idea of health made the sick forget for a while their maladies.²²²

The drama and public display that can enhance the power of suggestion are present in these descriptions although it does appear from the accounts that Greatrakes was seen as an honest man rather than a charlatan. His piety and self-belief can be seen as an important part of his ‘suggestiveness’. In addition, this period of history coincides with the highest rates of the sovereign’s use of the Royal Touch which combined with the fits and collapses of those in the crowd waiting for the cure imply a highly suggestible and even desperate audience.

There are similarities between the stories of the King’s Touch, Greatrakes and Mesmer. These included a powerful charismatic healer and a willing subject, mass healing and a spectacle. A propitious cultural moment also seems to be important. According to the historian Peter Elmer the mid-seventeenth century was a time of major apocalyptic fears in the British populace and the time of the last period of strength of the Church before the Enlightenment.²²³ It also coincided with the

²²⁰ Charles Saint-Evremond, *The Works of Saint-Evremond*, 2 Vols. (Jacob Tonson: London, 1705) (p. 79).

²²¹ Saint-Evremond, *Saint-Evremond* (p. 79).

²²² Saint-Evremond, *Saint-Evremond* (p. 81).

²²³ Peter Elmer, *The Miraculous Conformist: Valentine Greatrakes, the Body Politic, and the Politics of Healing in Restoration Britain* (Oxford: Oxford University Press, 2013) (p. 2).

anxiety caused by bubonic plague, the instability of the Civil War and the presence of miracles in the country supported the divine right of the monarchy.

An important difference between Mesmer and Greatrakes was the central role of a spiritual or moral dimension to the illness and the healing. Although Mesmer was later seen as an unscientific fraudster, he saw himself as a materialist viewing both the illnesses and his cures as physical entities. He described his discovery as animal *magnetism* for this reason. The common therapeutic mechanism for the King's Touch, Greatrakes and Mesmer, we might describe as suggestion today but this concept was not available before the late nineteenth century. Hypnotic researchers like Moll and Podmore do have access to the idea and start to use it. Moll suggests that all able practitioners know of the therapeutics of suggestion: 'the premiss [sic] that a number of diseases can be cured or relieved merely by making the patient aware he will soon be better.'²²⁴

This was an important context for Lloyd Tuckey and he kept his references to faith-healing as an example of the mind's effect on the body in all editions of his book. In later editions he even added examples of newer religious leaders like Brigham Young of the Church of the Latter Day Saints and quoting an account of a cure from the 1782 diary of the Methodist John Wesley:

'We joined in prayer that God would fulfil his word and give his beloved sleep. Presently, the swelling, the soreness, the pain were gone; and he had a good night's rest.'²²⁵

Though he later contributed to the Faith-Healing commission, it is hard to be sure about Lloyd Tuckey's own religious beliefs. Despite his Irish Catholic roots, we know from a celebrity interview that he collected Genevan bibles, the bible of the protestant reformation.²²⁶ There is no further evidence to help decide whether this represented any particular piety on his part or were merely a manifestation of his love of books.

²²⁴ Moll, *Hypnotism* (p. 291).

²²⁵ CLT, *Psycho-Therapeutics* 7th ed (1921) (p. 32).

²²⁶ Œd, *Our Celebrities* (p 3).

2.2.2. Suggestion, Mesmer and Animal Magnetism

The story of Mesmer is an important milestone in the development of hypnosis but there has been much written about Mesmer and the cultural impact of mesmerism. What is new in this thesis is the impact of his ideas on Lloyd Tuckey and the legitimacy of hypnotism and how his position in the late Victorian histories of hypnotism was contested. Mesmer has been a productive subject for many generations of academics. His is a tale of a mercurial rise, a fashionable craze, influential ideas, pseudoscience and hubris that has been reworked by historians of science and medicine as well as cultural scholars.

There have been three waves of mesmeric cultural theorists who have told and retold his story so that the basic events are widely established. In the modern era, it was literary critic Robert Darnton and historian and psychiatrist Henri Ellenberger who influentially drew attention to Mesmer. In Darnton's reading, the story of Mesmer's appearance in Paris is a critical moment in the transition from the Enlightenment to Romanticism in Western Europe.²²⁷ Maria Tatar used Mesmer's life story and impact to explain the presence of mesmerism and mesmeric concepts in so much nineteenth century American and German literature.²²⁸

Some historians like Gauld and Waterfield have used the events as part of more ambitious historical sweeps of psychology, hypnotism and mesmerism. In these versions, the mystical aspects of Mesmer and his procedure are exaggerated to demonstrate how far psychology and hypnotherapy have come.²²⁹ As part of a story of dynamic psychology than started before Freud, the psychotherapists Henri Ellenberger and Adam Crabtree present Mesmer as the founding father of talking therapies.²³⁰ The anti-Freudian historians Mikkel Borch-Jacobsen and Léon Chertok used the history of hypnotism, particularly the later work on Janet and Bernheim as a way of contesting psychoanalysis and advancing an idea of the mimetic unconscious. I will return to this idea of historiography, the way that historical events are narrated for contemporary purposes, in the next chapter.

²²⁷ Robert Darnton, 'Mesmerism and Popular Science', in *Mesmerism and the End of the Enlightenment in France* (New York: Schocken Books, 1970) (pp. 2-45).

²²⁸ Marie Tatar, 'Preface' in *Spellbound: Studies on Mesmerism and Literature* (Princeton: Princeton University Press, 1978) (pp. ix-xvi).

²²⁹ Gauld, *Hypnotism*; Waterfield, *Hidden Depths*.

²³⁰ Ellenberger, *The Unconscious*; Crabtree, *From Mesmer to Freud*.

Lloyd Tuckey had to contend with several aspects of Mesmer's legacy. Mesmer's was perceived as a fraud by scientists of the time. His deliberate use of the surroundings to enhance the suggestive healing led to accusations of black magic. His technique of close physical passes over the body generated fears of sexual impropriety. However, by the end of nineteenth century his story became an accepted part of the narrative of both psychotherapeutics and ceremonial magic. Mesmer's story is found not only in the important history of Frank Podmore of the SPR but also in *Braid on Hypnotism: The Beginnings of Modern Hypnosis* (1899) written by A.E. Waite, the ceremonial magician and founder of the Golden Dawn.²³¹

Podmore was forthright about Mesmer and his work:

‘Mesmer, whatever else we may believe him to have been, was unquestionably a quack and a charlatan. His belief in his vaunted discovery was no doubt genuine, but the enthusiasm was not altogether disinterested.’²³²

Waite was more ambiguous. In his rather lengthy introduction to Braid's work, he makes reference to Mesmer's ‘coat of lilac silk’ which in the context generates wizardly associations and describes him as a ‘Prometheus or Impostor’.²³³ The rest of the introduction is broadly supportive of Mesmer's role as a daring innovator. Paradoxically, in taking up Mesmer's ambiguous inheritance, Lloyd Tuckey would reject suggestions of links between hypnotism and black magic or indecency in his own medical and writing while simultaneously engaging in ceremonial magic and studying the occult with the Society of the Golden Dawn.

Mesmer's theories were popular and influential. This was partly because they were a reformulation of older ideas which resonated with many. His invocation of an invisible fluid causing distant effects was similar to the theory of aether which had been part of Classical natural philosophy and recently revived by Isaac Newton. Mesmer's theory of disease caused by an imbalance of bodily fluids had echoes of humoral theory. Finally, the practice of his therapy looked physically similar to touch-healing or ‘stroking’ which had a well-established pedigree as I have already shown.

²³¹ Frank Podmore, *Mesmerism and Christian Science: A Short History of Mental Healing* (Philadelphia: George Jacobs, (1909); A.E. Waite, *Braid on Hypnotism*.

²³² Podmore, *Mesmerism* (p. 63).

²³³ Waite, *Braid* (p. 3).

After qualifying in medicine in Vienna, Mesmer married and settled there. His fame as a magnetic healer spread. He refined his novel technique, using repeated touches or 'passes' which made use of his own personal magnetism as well as strategically placed iron magnets and mirrors. This stage-dressing became increasingly elaborate and added to both the drama and suggestive power of his mass-healing ceremonies. Like Greatrakes' cures, Mesmer also noticed that a crisis or fit frequently preceded successful treatment and the restoration of balance and harmony and saw this as integral to its effectiveness.

Mesmer started to offer residential treatment in his home and had several young women staying there. One of them was the young talented blind musician Maria Paradis. Under his regular ministrations Maria started to regain her vision but her parents withdrew her from his house. The episode caused a public furore. The Vienna Medical faculty became suspicious of Mesmer's methods and instructed him to cease practising animal magnetism or to leave Vienna. It is likely that the public outcry arose from the perception of impropriety in a 43-year-old man healing an 18-year-old girl by passes, however rationalised. This mostly unspoken sexual fear would continue to blight the reputation and standing of animal magnetism and hypnotism. The societal worries about the combination of intimacy, proximity, influence and impressionable women alone with older powerful men remained a theme throughout the nineteenth century even till Tuckey's time.

Mesmer left Vienna for Paris, arriving in 1778. It was a provident time to come to the city. Paris was the cultural centre of Europe and thrilled with revolutionary ideas of all kinds. Robert Darnton conjures an image of a time of wonders ranging from the first hot air balloon rides to chess-playing robots. In public parks and spaces these acts rubbed shoulders with fortune tellers, astrologers and faith healers.²³⁴ In such an environment it was hard to know the difference between science and magic.

The same could be said about Mesmer and his novel treatment which shared some of the sense of spectacle and public display. He had conceived of a new way of industrialising his magnetic treatment through a new medical technology, the 'baquet' or bath. This was a shallow wooden tub of approximately two feet depth and fifteen feet diameter which contained bottles of water in concentric rings. Mesmer had personally 'magnetised' these bottles. The bottles were then covered

²³⁴ Darnton, 'Popular Science' (pp. 3-45).

in more magnetised water which also contained iron filings to act as a store of magnetic energy. There were curved iron rods and cords which emerged from the roof of the baquet to be grasped by the patients. To improve the magnetic flow Mesmer recommended that the patients hold hands. He provided a musical backdrop to proceedings with the unearthly sounds of the glass harmonica.²³⁵

His new device shifted the magnetic treatment from an individual to a form of group therapy which had an impact beyond just the profit margins. The involvement of more people in the healing procedure, enabled a process of social learning or mimicry, which gave new patients the knowledge of what to expect and how to act thereby heightening their suggestibility. Mesmer's approach to medicine was highly theatrical and very different from the orthodox medicine of the time. There is an inherent drama and group setting which had a powerful suggestive effect on the health and behaviour of the participants. After the investigation of the Royal Commission, Mesmer fell out of favour and left Paris under a cloud.

Despite mockery and allegations of charlatanry for Mesmer for most of the nineteenth century, the early hypnotic histories of the late Victorian era: those of the French physicians, Alfred Binet and Charles Féré and the German doctor, Albert Moll were more respectful towards Mesmer.²³⁶ Far from distancing themselves from Mesmer, the continental writers sought to identify a continuity between his work and the new hypnotism not a clear demarcation. Writing in 1889, Albert Moll goes as far as attempting to restore the reputation of Mesmer:

I do not wish to join the contemptible group of Mesmer's professional slanderers. He is dead, and can no longer defend himself from those who disparage him without taking into consideration the circumstances or the time in which he lived. [...] I believe that he erred in his teaching [the concept of a directable magnetic fluid], but think it is just to attack this only, and not his personal character. Mesmer was much slandered in his lifetime, and these attacks upon him have been continued till quite lately.²³⁷

The British New Hypnotists adopted a range of attitudes to Mesmer, over time. They were not so nationalistic as to reject the importance of the French physicians Jean-Martin Charcot from the Salpêtrière, and Ambroise-Auguste Liébeault and Hippolyte Bernheim from Nancy. In their early hypnotic books, medical writers

²³⁵ Waterfield, 'Franz Anton Mesmer' Ch 3 in *Hidden Depths* (pp. 64-104).

²³⁶ Binet and Féré, *Animal Magnetism*; Moll, *Hypnotism*.

²³⁷ Moll, *Hypnotism* (p. 6)

such as Lloyd Tuckey, George Kingsbury and Robert Felkin preferred to avoid Mesmer's long shadow. Instead, they focussed on the practicalities of hypnosis rather than the early development of hypnotic theory. By the time of Lloyd Tuckey's 4th edition published in 1900, he credits the Manchester surgeon, James Braid with finding, 'the germs of truth which lay hidden and obscured in the writings of Mesmer and the animal magnetizers.'²³⁸ He later confirms his critical attitude to Mesmer by explaining that the lack of sustained success of the first wave of psychotherapeutics was 'on account of the fraud, ignorance, and exaggeration with which it was surrounded.'²³⁹

In his history of hypnotism Lloyd Tuckey's medical peer from the SPR, Milne Bramwell chooses to leave out Mesmer altogether from his otherwise extensive historical review.²⁴⁰ He suggests that interested readers should read of him in Moll or Liégeois' histories. Milne Bramwell chooses to focus on the British contribution to the development of hypnosis by including the stories of John Elliotson and James Braid which will be covered in the next chapter. The work of these doctors was vilified or ignored in their lifetimes but when Milne Bramwell was writing, a British chronology might be seen as preferable to a foreign one in a country and empire used to leading the world in scientific discoveries.

2.2.3 Suggestion and the Marquis de Puységur

There were other significant developments in the practice of animal magnetism in Europe that were to have far-reaching effects for Lloyd Tuckey. Many of the key ideas that came to prominence in nineteenth century hypnotism can be traced back to a mesmerist: Armand Marie Jacques de Chastenet, the Marquis de Puységur. He was a military man rather than a physician, but he was the first *opérateur* (another term for magnetiser) to try to study and evaluate the phenomenon of animal magnetism systematically and scientifically. He has been described as founding the 'Experimentalist' school of animal magnetism.²⁴¹ He was the first to appreciate the importance of 'magnetic sleep' or 'somnambulism', the trance state. He is also significant as it was his discovery of hidden mental powers in the hypnotised which led to the involvement of the SPR in hypnotic experimentation. This in turn led to Lloyd Tuckey joining the society and

²³⁸ CLT, *Psycho-Therapeutics* (4th ed) (p. 6).

²³⁹ CLT, *Psycho-Therapeutics* (4th ed) (p. 7).

²⁴⁰ Milne Bramwell, *Hypnotism: Its History, Practice and Theory* (London: Rider, 1921).

²⁴¹ Richard Harte, *Hypnotism and the Doctors* (London: L. N. Fowler, 1903).

eventually chairing its hypnotism committee. The idea that hypnotism could reveal hidden latent human powers also culminated in Frederic Myers theory of the subliminal self which influenced not just Lloyd Tuckey but the whole of early British psychology both popular and institutional.

Puységur had trained under Mesmer in Paris but in 1784 he returned to the family estate and began to investigate animal magnetism. Though he parted from Mesmer in several respects, stressing the importance of magnetic sleep over the magnetic crisis and rejecting the idea of a magnetic fluid, he saw himself very much as part of the Mesmeric tradition.

It was Puységur who first recognised the importance of the altered state of consciousness. He described a close similarity between magnetic sleep and sleepwalking or somnambulism. He viewed magnetic sleep as an induced form of sleepwalking that was neither sleeping nor waking. As a result of this insight, the term *somnambulist* became an alternative term for the magnetised. He observed that some sleepwalkers could perform tasks which were impossible for them while awake. He proposed that this was due to the focus of attention away from their external environment to which they were mostly oblivious. The second feature he noted was a special form of intimate connection between the magnetised and magnetiser that he termed the *rapport*. The technical use of the French word *rapport* has been retained for all subsequent psychotherapies and the dangers of the intimacy of the relationship remain a concern for the public.

Puységur also described the way that the *opérateur* could influence the *somnambule* both during and after the trance state. The magnetised would perform whatever was asked by the magnetiser. Puységur experimented by instructing his patients to sing, dance, carry things from one place to another or participate in wholly imaginary scenarios. In the waking state the patients would have no memory for events in the magnetised state. Puységur saw the demarcation as 'so great that one must regard them as two different existences', thus describing the dual consciousness that would become so important to the emerging specialty of psychology at the end of the next century.²⁴² The British medical hypnotists Milne, Felkin and Lloyd Tuckey routinely make use of the terms, *somnambulist* and *operator*, in addition to the concepts established by Puységur. However, it is significant that none of them mention him directly. This was part of the wider

²⁴² Puységur, *Mémoires* (p. 90).

project to decouple modern British medical hypnotism from old French mesmerism.

Finally, and most controversially, Puységur outlined a variety of strange events which he witnessed while magnetising. Most of these he described as part of 'lucid somnambulism.' They could not be accounted for by conventional science then or now. These included incidents of thought transference and clairvoyance. Even at the time Puységur was aware that publicising this aspect might prejudice other investigators and cautioned his brother to keep it quiet. He did go on to publish about the 'marvels' himself, several years later. Such was Puységur's influence over the field that succeeding magnetisers and hypnotists also began to look out for them and witness them. He described the rapport with the magnetised as being so strong that verbal communication was not required: 'I think in his presence, and he hears and answers me,' and a 'community of sensation' between operator and somnambulist: that is, they could share the same sensations.²⁴³ He also described the extraordinary, heightened powers of perception of the magnetised.

All of these features soon became the ground rules for the trance state for both practitioners and the general public. This was not just esoteric, specialist technical knowledge for a peripheral and irrelevant pseudoscience. Animal magnetism had a rapid and significant impact on Western culture in the nineteenth century. Some measure of its power can be seen by the fact that even its arcane intricacies can be found in the entertainments and fictions that feature hypnotism today.

Although influential, Puységur was a pragmatist who observed and described, he was not much of a theoretician. Nevertheless, some evidence of his nonmaterialist thinking can be found in his lectures, published in 1807: 'Animal magnetism does not consist in the action of one body upon another, but in the action of the thought upon the vital principle of the body.'²⁴⁴ Unlike Mesmer who conceived of a physical force causing the effects in the form of an invisible magnetic fluid, Puységur saw the phenomenon as instigated by the power of the mind. At the end of his lectures, he refines these thoughts to *belief* and *want*: the magnetist's self-belief in his abilities and his want to activate the 'vital principle' of the magnetised. The vital principle and *vis medicatrix naturae* were other terms used interchangeably with the imagination.

²⁴³ Puységur, *Mémoires* (pp. 35-36).

²⁴⁴ Armand Marie Jacques de Chastenet, *Magnétisme Animal, Considéré dans ses Rapports avec Rverses Branches de la Physique Générale* (Paris: Cellot, 1807) (pp. 116-49).

In the 1880s the hypnotic theorists of the SPR, like Edmund Gurney and the Myers brothers, were very familiar with the work of Puységur, broadly accepted his descriptions and language and acknowledged his contributions to hypnotism.²⁴⁵ They were particularly interested in his ideas of enhanced mental abilities like telepathy which was directly relevant to their wider work and the work of the SPR. As chair of the SPR hypnotism committee, Lloyd Tuckey too, was familiar with European hypnotic research and Puységur's contributions. He had read Albert Moll's history of hypnotism and had helped to prepare the chapter specifically on medical hypnotism for Harry Vincent's volume, *The Elements of Hypnotism* which does acknowledge Puységur's contributions.²⁴⁶ Vincent praises Puységur's honesty and even-temperedness in contrast to Mesmer's irascibility and love of secrecy. However, Vincent is keen to distance authentic modern hypnotism from Puységur's mesmerism. He stresses that since Puységur was unaware of the theory of suggestion, he can be forgiven for misinterpreting some of his experiments as supporting "thought transference", "clairvoyance," and other impossible powers.²⁴⁷ They then assert that after Puységur, animal magnetism took the wrong turn under the Societies of Harmony and was taken up by mystics, professional entertainers and charlatans. It was important for both of them to clearly separate contemporary scientific, clinical hypnosis from its mystical predecessor.

Suggestion was the technical term given to the therapeutic influence of the doctor on the patient by Bernheim. He believed that doctors could provide cures for some illnesses through the power of their words; the trance state of hypnosis merely amplified the normal therapeutic suggestibility of the waking state. Strictly however, it was James Braid (1795-1860), the originator of the term hypnotism and another important doctor in the story of hypnotism, who had started to use the term suggestion in his later writings though his work was not widely read or influential, particularly in the UK.²⁴⁸ Writing in 1853 he stated:

by our various modes of *suggestion* [my emphasis], through influencing the mind by audible language, spoken within the hearing of the patient, or by

²⁴⁵ Edmund Gurney and Frederic Myers, 'Some Higher Aspects of Mesmerism' *Proceedings of the SPR* 3 1885 (pp. 401-23).

²⁴⁶ CLT, 'The Values of Hypnotism', Ch. 7 in R. Henry Vincent, *The Elements of Hypnotism: the Induction, the Phenomena and Physiology of Hypnotism*. (London: Kegan Paul, Trench, Trübner, 1893) (pp. 235-51).

²⁴⁷ Vincent, *The Elements of Hypnotism* (p. 37).

²⁴⁸ James Braid, *Braid on Hypnotism: The Beginnings of Modern Hypnosis*, rev. ed. by Arthur Edward Waite (New York: Julian Press, 1960) (pp. 337-39).

definite physical impressions, we fix certain ideas, strongly and involuntarily in the mind of the patient, which thereby act as stimulants, or as sedatives.²⁴⁹

However, in the UK Braid's work had been ignored and it was only possible to successfully relaunch hypnotism to the doctors and scientists at the end of the Victorian era with a new explanatory model. Because of the work of Mesmer and Puységur, for many physicians, trance still carried intolerable links with alchemy, Romanticism, spiritualism, the occult and sexual misconduct. The new Victorian materialist physiology required a more modern, alternative paradigm.

The concept of hypnotic suggestion was not without its flaws, lacking a clear and consistent definition, and most writers were later forced to return to the ancient doctrine of the imagination or *vis medicatrix naturae* in order to provide a mechanism for its action. Most notably, it failed to convince the influential editor of the *BMJ*, Ernest Hart, as I will show in chapter six. However, suggestion carried none of the negative associations of mesmerism or the imagination and the new names, hypnosis and suggestion allowed the important therapeutic implications of the trance state to be reconsidered by British public and physicians. It was so successful that the general public and medical profession started to accept its legitimacy. This culminated in the establishment of a BMA committee to investigate hypnotism in 1890. Before returning to this period, I wish to provide a further layer of context for Lloyd Tuckey's efforts at legitimization. In the following chapter I will examine both the biographies and legacies of John Elliotson and James Braid. I will also consider the ways that their stories were later presented to medical colleagues and the general public in order to increase the likelihood of acceptance of the new technology.

²⁴⁹ James Braid, *Hypnotic Therapeutics, Illustrated by cases* ([London]: n.p, 1853) (p. 8).

Chapter 3:

A Very British History of Hypnotism

After an investigation of the histories of the concepts of medical imagination and suggestion, it is time to look at the more immediate local historical rise of medical hypnotism. There were specific events in recent British reception of mesmerism that made this problematic for Lloyd Tuckey and the New Hypnotists. The story of the abjection of mesmerism and John Elliotson by the British medical establishment in the 1840s is crucial to understanding the size of the personal risk taken by Lloyd Tuckey and the initial medical and public response in the 1890s. The attempts by the New Hypnotists to recuperate the British physicians John Elliotson and James Braid and incorporate them in to a whiggish narrative of British medical and scientific progress were key to the gradual acceptance of therapeutic hypnotism.

In their excellent introduction to the collection of essays on the history of psychiatry, Roy Porter and Mark Micale propose the important role that histories serve in securing the knowledge base of disciplines and helping to delineate boundaries for the new speciality:

in periods of paradigmatic conflict, science histories, by memorialising the proper lineage of figures, texts and ideas serve to legitimate particular theories and methodologies and to delegitimize others.²⁵⁰

The disciplinary roots of psychiatry can be found in law, philosophy, mythology, anthropology and theology with the broad range of methodologies and theories that they entail. Since psychiatry remains without a fixed and agreed theoretical position that it can build itself around, its histories are written and then rewritten by subsequent generations as the perceived content of the discipline has evolved. The strong demarcations between for example, somatic and mentalist philosophies of mind make for very different accounts of the evolution of the discipline. This shifting episteme results in dramatically different histories with some spectacular omissions, novel inclusions or differences of emphasis. The study of these shifts of narrative recording is known as historiography. It is important to look at these questions of methodology in order to see how Lloyd Tuckey situates himself within the history of hypnotism and to understand how

²⁵⁰ Roy Porter and Mark Micale, 'Introduction: Reflections on Psychiatry and its Histories' in Micale and Porter, *History of Psychiatry*, pp. 3-26 (p. 5).

he was later situated by others. In particular how he became omitted from the histories of early institutional psychology and British mind-cures.

Specifically, as we read their histories of hypnotism, we must ask why did the New Hypnotists seek to rediscover and elevate the status of John Elliotson and James Braid? James Braid can be seen as a pivotal figure in this narrative. Lloyd Tuckey's high opinion of the man is made clear in his introduction:

One looks forward to a time, in a not very remote future, when Englishmen will take the leading position in the investigation and practice of hypnotism which one would expect from the compatriots of James Braid.²⁵¹

Milne Bramwell credited James Braid with the single-handed development of hypnotism from mesmerism and the invention of suggestion as its principal mode of action, anticipating the Nancy school by over thirty years. This view has several advocates today including the historian of hypnotism, Donald Robertson.²⁵² There are several reasons for this very British version of hypnotic history.

Before Braid, it was recognised that therapeutic trance processes had occurred, but they were not properly understood. Indeed, they were linked to occult or spiritual concepts that predated the Age of Reason. The New Hypnotists argued that there was an aspect of mesmerism that was beneficial but until Braid, the trance state was being used implicitly or unknowingly. Placing Braid as the founding father then also allows a retrospective projection of the discipline back to the Enlightenment and even earlier as I have demonstrated in the previous chapter. Braid's version of therapeutic trance was mechanical and rather prosaic: a long way from the mystical theatre of the mesmerists. In his *Lancet* obituary, Braid was described as 'professionally skilled' and of 'high personal character'.²⁵³ These were both important characteristics for an historical figure to help legitimise the contested features of hypnotism that were in the public domain.

John Elliotson was also presented as an earlier transitional figure and we must consider what he might offer to the New Hypnotists. Elliotson was a British medical Olympian before he dabbled in mesmerism. As such, the New Hypnotists would need to rehabilitate his reputation, reassess his medical contributions, and remember his true achievements. As an 'expert' in human physiology and a

²⁵¹ CLT, *Psycho-Therapeutics* 5th ed (p. 7).

²⁵² James Braid, *The Discovery of Hypnosis: The Complete Writings of James Braid, The Father of Hypnotherapy*, 2nd ed, ed. by Donald Robertson (Raleigh: Lulu.com, 2013) (pp. 19-21).

²⁵³ Milne Bramwell, *Hypnotism* (p. 29).

philanthropist (he never charged for mesmeric treatments), Elliotson had offered proficiency, authority and humanity.

Elliotson was also an excellent example of who or what would be sacrificed by the medical disciplines in the pursuit of medical professionalism and public acceptance. His story was a medical cautionary tale and so well-known even by the general public that his name was invoked in a local paper review of *Psychotherapeutics* nearly 50 years after his disgrace.²⁵⁴ When writing in defence of the French neurologist Jules Luys, who was portrayed as a credulous fool for believing in hypnotism by the *Times* of 1894, Lloyd Tuckey likened him to John Elliotson:

[He] is not the first man of science who has allowed himself to be deceived by a too fervid imagination. Dr Elliotson came to grief in the same way when he was investigating mesmerism 40 years ago, when the Okey sisters and other impostors made a good thing of his credulity.²⁵⁵

In spite of the important European developments in mesmerism in the early part of the nineteenth century, particularly the ground rules established by Puységur, there was little discussion or mention of medical mesmerism in Britain. This situation started to change in 1830's London with the legacy of Percy Shelley's writings and his coterie of intellectuals and the approving report of the committee set up to look at animal magnetism by the French Académie de Médecine, whose report was translated by Colquhoun in 1833.²⁵⁶ However, probably the most important driver for the cultural shift that followed in Britain, was the work of the ambitious London physician, John Elliotson and the subsequent publicity given to his experiments by the new medical journal, the *Lancet* under the editorship of Thomas Wakley.

These events have been well described by biographers like Wendy Moore, historians of hypnosis such as Robin Gauld, Robin Waterfield, Derrek Forrest and William Hughes as well as cultural critics like Alison Winter.²⁵⁷ I want to focus on a

²⁵⁴ Anon, 'Faith-Healing', *Standard*, 1 December, 1888, p. 5.

²⁵⁵ CLT, 'The New Hypnotism – A Reply', *Contemporary Review* 63 (1893) pp. 416-422 (p. 417).

²⁵⁶ Shelley and his friend Coleridge were both fascinated by mesmerism, discussing developments in European mesmeric writing. Shelley tried using mesmerism to enhance his creativity by writing poetry in the trance state and sought out mesmeric therapy from his cousin Medwin, for his nervous exhaustion and kidney problems in 1821. For further details see Anne DeLong's *Mesmerism, Medusa, and the Muse: The Romantic Discourse of Spontaneous Creativity* (Lanham: Lexington Books, 2012); J C Colquhoun, *Report of the experiments on animal magnetism made by a committee of the medical section of the French Royal Academy of Sciences* (Edinburgh: Robert Cadell, 1833).

²⁵⁷ Wendy Moore, *The Mesmerist, The Society Doctor who held Victorian London Spellbound* (London: Weidenfield and Nicholson, 2017); Gauld, *A History of Hypnotism*; Forrest, *Hypnotism: A History*; Waterfield, *Hidden Depths*; Hughes, *That Devil's Trick*; Winter, *Mesmerized*.

few salient aspects of the story in order to develop my new insights into the career of Lloyd Tuckey and the subsequent rise of medical hypnotism.

I describe John Elliotson's eminence and ability as a conventional physician, in order to show the full scale of his fall from grace. The medical establishment emphatically rejected mesmerism and it was the humiliating public and medical opprobrium that followed which effectively suppressed the consideration of the trance state from British medicine for fifty years. It also explains why his colleagues repeatedly refer to Lloyd Tuckey's bravery in endorsing hypnotism so publicly fifty years later. The professional consequences for continuing to advocate mesmerism and therefore the hazards for Lloyd Tuckey were well described in Milne Bramwell's history of Elliotson:

In all other instances [apart from when he used mesmerism] he treated his patients by ordinary methods and still displayed the same high diagnostic and therapeutic powers for which he had been justly celebrated. Despite this, [Elliotson] was constantly abused and attacked in the grossest manner possible, the term madman being one of the mildest that was applied to him. [...] He complained that he had supported the unprovoked persecution of his professional colleagues. He had been ridiculed and abused by them all in their daily conversations among themselves and their patients and in all the medical journals.²⁵⁸

There are important parallels between Lloyd Tuckey's medical hypnotism and John Elliotson's mesmerism which I will draw out in the next section. Specifically, these include the importance of public's interest and opinion and the role of the medical press in policing the borders of established medical practice from novel heterodox innovations. The second section describes the important contributions of James Braid and continues to analyse the way that a new narrative of founding or 'mythe d'origine' was advanced of a pure British hypnotism.

²⁵⁸ Milne Bramwell, *Hypnotism* (p.13).

3.1 The Rise and Fall and Rise of John Elliotson

There was no doubting John Elliotson's eminence and scientific credentials as a professor of medicine prior to his dalliance with mesmerism. Therefore, the New Hypnotists tried to portray Elliotson as a great doctor who was just unaware of hypnotism and the theory of suggestion. They could then argue that he still acted honourably and beneficently towards his patients using a precursor of hypnotism. In a letter to the *Lancet* responding to the 'somewhat unfair attack upon hypnotism' by another correspondent, Lloyd Tuckey illustrates this strategy suggesting that:

The physiology of the nervous system was comparatively so little understood fifty years ago that we cannot wonder that Dr. Elliotson was unable to grasp the real causation of so-called mesmeric phenomena, and that, failing the possibility in the then existing condition of knowledge of giving a rational explanation to the effects he witnessed, he endorsed the prevalent theory of animal magnetism. There is no doubt that he lost his head, and by allowing himself to be duped by clairvoyants and spiritualists he injured his reputation. Now things are widely different, and modern research has enabled recent scientific exponents of hypnotism to place the practice of hypnotic suggestion on a rational basis.²⁵⁹

John Elliotson was appointed as a consultant at Guy's Hospital in London in January 1823 at the age of 31. He was amongst the first and probably the most influential of British physicians to adopt the newly invented, stethoscope as a clinical aid. The first prototypes were on sale in Britain in 1819 but were looked on suspiciously by the majority of the profession. It would be twenty years before it was more universally adopted in the UK.²⁶⁰ Elliotson was clearly attracted by novelty and was at the vanguard of innovation. He became interested in the new treatment system of acupuncture and the diagnostic approach of phrenology. Soon after his appointment he founded the Phrenological Society of London.

An 1845 biography in the *Medical Times* observed,

Elliotson's motto was everlastingly 'Onward!' If he did not look with hate, he did with distrust, on all that was old – the past seemed nothing to him, the future boundless.²⁶¹

²⁵⁹ CLT, 'Correspondence: Psycho-Therapeutics', *Lancet* October 1, 1892 (p.803).

²⁶⁰ Melissa Dickson, 'Hats, Cloaks, and Stethoscopes: The Symbolic Fashions of the Nineteenth-Century Medical Practitioner' *Fashion and Material Culture in Victorian Fiction and Periodicals*, ed. by Nickianne Moody and Janine Hatter (Brighton: Edward Everett Root, 2019) (pp. 105-120).

²⁶¹ Anon, 'Pencilings of Eminent Men', *The Medical Times*, February 1, 1845 (p. 392).

He was one of the first doctors to wear trousers rather than breeches and stockings and to grow an 'under the chin' beard. Recording this, the *Dictionary of National Biography* noted, 'His desire to be original led Elliotson into many eccentricities.'²⁶² The implication was that in conservative medical circles this was not a good thing. He was also self-righteous and regardless of other's opinions and was regularly mocked by his peers for his enthusiasms. However, his enthusiasms were most influential in both the medical and non-medical worlds. For example, he was able to popularise the use of quinine and settled the debate about the likely cause of hay-fever. The extent of his authority amongst doctors was partly the result of his very public endorsement by Thomas Wakley and the *Lancet* journal. This association initially was to help Elliotson to make his name.

Elliotson introduced many techniques to clinical teaching that he had observed in Europe. These included the routine use of the thermometer and stethoscope, bedside teaching of clinical skills, the post-mortem to clarify diagnosis after death and the use of illustrations and pathology specimens in his classroom lectures. These changes in teaching style combined with a clear and systematic approach were revolutionary. One of his pupils writing over forty years later described him as 'the greatest clinical teacher of his time.'²⁶³ The *Lancet* was highly supportive, publishing his clinical case notes from 1827 and his lectures from 1829 and comparing them very favourably to the 'miserable compilations of medical and surgical dictionaries' of other medical school lecturers.²⁶⁴ With the assistance of the *Lancet*, his reputation and private practice both took off dramatically. A contemporary pupil and contributor to the *Lancet*, James Clarke described him in his memoirs as becoming 'the talk of the town' between 1827 and 1828 observing that at the same time his private income rocketed, multiplying tenfold.²⁶⁵

In 1829, Elliotson was elected a fellow of the Royal Society and by 1831 he had left St Thomas's to become Professor of Medicine at the new secular London University. Though he was not the only complimentary voice in medical journalism, Wakley continued to sing his praises following his appointment writing that 'Elliotson is not surpassed by any physician in the metropolis.'²⁶⁶ In 1833, he was elected as president of the Medical and Chirurgical Society, the fore-

²⁶² 'John Elliotson' in *Dictionary of National Biography*, Vol 17, ed. by Robert Hunt (London: Smith and Elder, 1885-1900).

²⁶³ James Fernandez Clarke, *Autobiographical Recollections of the Medical Profession* (London: J. and A. Churchill, 1874).

²⁶⁴ Thomas Wakley, 'Editorial', *The Lancet*, 17 April, 1830 (p. 86).

²⁶⁵ Clarke, *Autobiographical Recollections* (p. 180).

²⁶⁶ 'John Elliotson', *The Lancet*.

runner of the Royal Society of Medicine, which temporarily met in his grand new mansion house, previously owned by the prime minister George Canning, and located just off Regent Street.

The self-styled cockney and self-made man had well and truly arrived. It was to be a long fall. But as Clarke later reflected in his reminiscences:

It is somewhat curious that the journal [the *Lancet*] which in 1828 had laid the foundation of his fame and fortune, should just ten years afterwards do so much to effect his ruin; but it was so.²⁶⁷

John Elliotson first became interested in mesmerism after witnessing the demonstrations of the Irish chemist, Richard Chenevix at St Thomas's hospital in 1829. However, he did not take his interest any further for another eight years till the arrival of Jules Denis, the Baron Dupotet in 1837. Dupotet had practised mesmerism in France for many years and developed a reputation for successfully treating epilepsy and hysteria. Having moved to London, he failed to attract an audience for his lectures and demonstrations of animal magnetism, in part due to his inability to speak English. Undeterred, he offered his services to all of the London hospitals. He sought an audience with Elliotson at University College Hospital (UCH) and despite his problems communicating directly was able to 'charm to sleep' a 24-year-old groom, Thomas Orton, who had been admitted to UCH with seizures that had not responded to six months' treatment with acupuncture, electricity or metallic salts. Orton was treated daily with mesmerism and his frequency and severity of seizures reduced. He was discharged as cured three months later.

Elliotson was intrigued and embraced the new therapy with his characteristic enthusiasm. He closely studied the techniques or 'passes' of Dupotet and initially experimented on patients with him. Later, he trained his clinical clerk William Wood and started to offer animal magnetism or 'mesmerism' as he preferred to call it, routinely to his patients at UCH. Although mesmerism was ineffective for some patients, it worked sensationally within days or weeks for others previously unresponsive to conventional treatments.

By May 1838, such was the interest in mesmerism from the medical students that he moved from his traditional bedside teaching to the hospital's lecture theatres which had benches for 250 but still could not seat all of the crowds. He went on to draw such large audiences from the general public that he was accused of actively

²⁶⁷ Clarke, *Autobiographical Recollections* (p. 180).

seeking publicity by some of his colleagues like the surgeon, Robert Liston and the hospital governors. At this stage, he was still enjoying the support of the *Lancet* which had decided to reserve judgement about mesmerism. The journal respectfully reported one of his spring lectures on mesmerism which was then carried by the popular lay journals generating interest in the general public. Elliotson hit back at the critics within his own hospital in a typically forthright manner: 'the hospital was not founded to fill the pockets of the professors, but to throw light on truth and nature, and to expose fallacies.'²⁶⁸

In his lectures, Elliotson's best experimental subjects were the Irish Okey sisters, Elizabeth and Jane. They were housemaids, originally identified by Baron Dupotet as very responsive to mesmerism and he was able to cure their seizures. The 'Celtic' heritage was supposed to indicate creativity, spirituality and heightened sensitivity to mesmerism and later hypnotism. The Okeys were so susceptible that they were mesmerised on a daily basis. After a few mesmeric passes Jane became quite insensible to pain but it was her sister's behaviour that was most remarkable and drew the crowds. A quiet, shy girl normally, under the influence of mesmerism she completely changed character. While in her 'sleep-waking' state she was highly amusing.²⁶⁹ She could sing and dance, mimic her fellow patients and would mock Dr Elliotson and members of the audience regardless of their social status. Some of the things she was recorded as saying seem strangely prophetic: "I say, Dr. Ellison, 'spose I was to knock you off your perch; how funny you'd look.'"²⁷⁰

The scientific demonstration of mesmerism had become a public spectacle. Elliotson's 'experiments' were attended by a broad spectrum of Victorian society: eminent scientists such as Michael Faraday and Charles Wheatstone; novelists like Charles Dickens and William Thackeray; members of parliament, the clergy and the aristocracy. In the London of 1838, mesmerism had become the *mode du jour*. Unwittingly, Elliotson had ushered into Britain a novel entertainment: the hypnotic lecture, which was soon to be taken up across the country by performers as well as mesmerists. This was when mesmerism most clearly moved to its fringe status for orthodox medicine.

Under the editorship of Thomas Wakley, the *Lancet* took a very dim view of all heterodox medical practices from patent medicines to homeopathy, acupuncture

²⁶⁸ Thomas Wakley, 'University College Hospital: Animal Magnetism', *The Lancet*, 26 May, 1838, 282-7 (p. 283).

²⁶⁹ A neologism of Elliotson's; John Elliotson, *'Human Physiology'* 5th ed. (p. 616).

²⁷⁰ 'UCH: Animal Magnetism', *The Lancet* (p. 287).

and phrenology. In this way the *Lancet* and the medical journals that followed, had an important role in both shaping and reflecting medical opinion. This power was used repeatedly to police the boundaries of the developing profession and its knowledge base, another manifestation of Geiryn's boundary-work. In August 1838, Wakley support for Elliotson came to an end. He challenged his old friend to provide verifiable proof of his claims for mesmerism. He suggested that Elliotson bring the Okeys to his house in Bedford Square for further demonstrations with independent observers. Wakley had devised a test procedure that involved 'blinding', the same method used by the Bailly commission in the investigation of animal magnetism in the previous century. When she was unaware of the difference, Elizabeth responded just as dramatically to unmagnetised metal as to magnetised. Later that day, Elliotson left for Switzerland but while he was away, Wakley continued to experiment and concluded that there was no scientific basis for a physical force of animal magnetism or mesmerism.

At first, Wakley published a lengthy if fairly neutral description of the events at Bedford House.²⁷¹ Over subsequent weeks, he adopted a more strident and hostile tone towards mesmerism in his journal. He did not directly censure Elliotson, instead suggesting that he was a naïve dupe who had been misled by the foreigner, Baron Dupotet and deceived by the duplicitous Okeys.²⁷² Elliotson returned from his holiday to a major scandal. The Okeys had been discharged from UCH to Dover and the *Lancet's* account of the proceedings at Bedford House had been picked up, first by the *London Medical Gazette*. This highly critical version was then reprinted verbatim by the *Times* and then reported by other popular journals.²⁷³

The tone of the newspaper reports was mocking and salacious by turns. The frenzied writhing and opisthotonos of Elizabeth Okey and the other female patients in the trance state were too close to sexual ecstasy to go unremarked. The columnists of the *Satirist* were quick to question the origins of the girls suggesting they were from Coventry Court, a notorious red-light district.²⁷⁴ The journal also questioned the integrity and motives of all the men who were experimenting with the Okeys. The piece used the term 'gentlemen' in inverted commas to describe the investigators and commented that they hoped that the wives were present.²⁷⁵

²⁷¹ Herbert Mayo, "Animal Magnetism"; or, "Mesmerism", *Lancet*, 1 September, 1838 (pp. 805-14).

²⁷² Thomas Wakley, 'Editorial'. *The Lancet*, 15 September, 1838 (pp. 873-7).

²⁷³ Anon, 'Animal Magnetism' *The Times*, 6 September, 1838 (p. 2); Anon, 'Progress of Animal Magnetism', *The Times*, 15 September, 1838 (p. 3)

²⁷⁴ Hughes, *Devil's Trick* (p. 119).

²⁷⁵ Anon, 'Chit-Chat', *The Satirist; or the Censor of the Times*, 9 September, 1838 (p. 285).

Both the magnetic operator and the somnambule were viewed as morally suspect. As time went on, even Wakley did not shy from sensationalising the possibility that mesmerism could have a role in exploitative sex in his ironically titled ‘Virtues of Animal Magnetism’:

Long before the days of Mesmer and his deluded followers, the effects of certain manipulations, now called ‘passes’, on the frames of delicate or nervous females, were known to libertines. That such effects may be readily produced at the present time, is familiar to every physiologist, and to many of the ‘men about town.’ The latter, however, influenced by a salutary fear of the law, avoid practising in public their mesmeric tricks, lest some common-sense view of the case might construe them into what they really are *indecent assaults* [original emphasis].²⁷⁶

In the face of such criticism, Elliotson only lasted a few more months at UCH. In December, Elliotson was summoned by the hospital committee who wanted to know why Elizabeth had been readmitted but also what she had been doing with him on a male ward. Elliotson tried to defend himself, explaining that Elizabeth had predicted the death of another patient and that there was something genuine and exceptional about what had just occurred. The board decided that mesmerism should be banned at UCH and that Elizabeth be immediately discharged from its care. When the findings of the board were approved, Elliotson resigned. He demanded that his students be refunded their fees for his lectures and vowed that he would never again return to the hospital or college that he had done so much to establish.

The *Lancet* congratulated UCL on its handling of the affair. Wakley suggested that their decisive action had the ‘heartly approval’ of medical men and supporters of the university.²⁷⁷ He went on to declare that mesmerism was humbug and that ‘When DR ELLIOTSON [sic] became a mesmerist, he ceased to be a “physician”’.²⁷⁸ These opinions moved quickly from the medical to the popular press. They were eagerly repeated in *The Times* under the banner, ‘The Humbug called “Mesmerism”’.²⁷⁹ The Okeys bore the brunt of the outrage. Elizabeth was described as ‘a flatulent, hysterical and impudent baggage’ who took strange liberties with the ‘worthy doctor’ and was ridiculed for predicting the action of medicines of which

²⁷⁶ Thomas Wakley, ‘The Virtues of Animal Magnetism’, *The Lancet*, 8 December, 1838 (p. 413).

²⁷⁷ Thomas Wakley, ‘University College and Hospital’, *The Lancet*, 5 January, 1839 (pp. 561-2).

²⁷⁸ Wakley, ‘UCH’ (p. 562).

²⁷⁹ Anon, ‘The Humbug called “Mesmerism”’, *The Times*, 7 January, 1839.

she was totally ignorant.²⁸⁰ Elliotson's humiliation was complete. He was portrayed as either a gullible fool or as a charlatan.

However, if the medical establishment believed this to be the end of mesmerism or John Elliotson, they were mistaken. The *Lancet*, under Wakley may have successfully protected the main body of the medical profession from the taint of quackery and unconventional ideas but the publicity generated had only served to launch mesmerism and the trance state across Britain. The majority of the metropolitan elite had significant reservations about the new technology but in the provinces it was enthusiastically adopted by the public and even some doctors. The science of the trance state was disseminated by a new wave of traveling lecturers who were already an established part of Victorian self-improvement and public science. Previously, they had been doing good business teaching the working and middle classes on instructional subjects like geology and animal biology. As Alison Winter puts it these new 'peripatetic lecturers created a new, nationally based experimental culture, prominently featuring mesmerism.'²⁸¹

Over time, the mesmerism lectures developed a routine format which had clear similarities to Elliotson's public experiments at UCH. The metamorphosis from therapeutic ritual to performance piece did not require wholesale changes. Playing to lay audiences in town halls across the country, these lectures blurred the boundaries between entertainment and education, and titillation and scientific discovery even more than Elliotson. The mesmerist would usually commence with a display of anaesthesia (loss of sensation) or 'insensibility'. This was seen as the least likely aspect of trance to be feigned. The demonstration could involve a lack of response by the mesmerised to a range of noxious stimuli: smelling salts, electric shocks, fingers in candle flames or a gunshot next to the ear. All of these could be tested against ordinary members of the public for comparison. The established lecturers would often have to bring hypnotically susceptible or pain tolerant subjects with them on tour as they could not guarantee such predictable effects from random local participants. Once the *bona fide* nature of the trance had been established it was then followed by acts of clairvoyance, prophecy and 'traction', the name given to the mimicry of movement induced by the mesmerist which included writhing, opisthotonos and catatonic postures.

²⁸⁰ Anon, 'Animal Magnetism', *Medico-Chirurgical Review*, 1 October, 1838 (p. 636).

²⁸¹ Winter, *Mesmerized*, (p. 111).

This formula spread rapidly and reinforced specific ideas about trance across the country. It also shifted mesmerism to a borderline healing practice with dubious credibility. The best-known lecturers such as Charles Lafontaine, William Davey and Spencer Hall were attracting audiences in their thousands. It was the entertainer, Lafontaine who was responsible for introducing the technique to James Braid, surgeon and author of *Neurypnology*.²⁸²

Despite his break with UCH Elliotson remained influential. Partly this was because he continued to mix with writers and thinkers including Charles Dickens. The literary critic Fred Kaplan has demonstrated the impact of mesmerism on the writing of Dickens amongst others.²⁸³ Other authors who knew Elliotson were William Thackeray, Edward Bulwer-Lytton, and later Nathaniel Hawthorne.²⁸⁴ All these authors believed in the medical power of animal magnetism and used aspects of mesmerism in their fictions. In gratitude for Elliotson's *pro bono* treatment which he believed had been life-saving, Thackeray wrote a short dedication at the start of *Pendennis* and included a thinly veiled portrait of Elliotson himself as the humane and altruistic 'Dr Goodenough' in the novel.²⁸⁵

It was Bulwer-Lytton who recommended that the influential political economist, writer and social reformer, Harriet Martineau (1802-1876) consult a medical mesmerist for her complex health problems. Her successful treatment did much to publicise and convince the general public of the efficacy of mesmerism. Martineau was unusually open about her illness, writing about her abdominal pain, constipation, frequent menstruation and discharges. She had also developed such pain on walking and standing that she became a bed-bound invalid, having previously energetically lectured and extensively travelled in the United States. After her recovery in 1844, she had become a zealous convert. She wrote a series of positive letters for *The Athenaeum*, a popular Victorian gentleman's periodical, which had previously criticised Elliotson and mesmerism. In her introduction to

²⁸² Braid, *Neurypnology*.

²⁸³ Fred Kaplan, *Dickens and Mesmerism: The Hidden Springs of Fiction* (Princeton: Princeton University Press, 1975).

²⁸⁴ Lord Bulwer-Lytton became fascinated by mesmerism. He wrote several novels with mesmeric themes including *A Strange Story* (1862), *Zanoni* (1842) and *The Coming Race* (1871). He corresponded with the *Zoist*, complimenting Elliotson on the elegance of his Latin and his manly appeal (*The Zoist*, 1850 Vol 8 p. 383)! The US author Nathaniel Hawthorne sought out Elliotson in London in 1856 after writing the novels *The House of the Seven Gables* (1851) and *The Scarlet Letter* (1850).

²⁸⁵ William Thackeray, *The History of Pendennis* (London, Penguin Books, 1986).

the book that followed she prophesied a not-too distant time when mesmerists would cure half the illness in the land.²⁸⁶

In 1843, Elliotson set up his new quarterly journal, *The Zoist* subtitled *A Journal of Cerebral Physiology & Mesmerism* and founded his second hospital, the London Mesmeric Infirmary in 1849. Mesmeric institutions followed in Bristol, Edinburgh and Dublin. The motto of the *Zoist* displayed on the title page was taken from the writings of the German phrenologist Franz Gall and set the provocative tone, 'This is Truth, though opposed to the Philosophy of Ages'. The journal was a strange home for writing on mesmerism and phrenology as well as quite radical political views on education, the treatment of prisoners and children. In the bold prospectus of the first journal, the editors, Elliotson and the phrenologist and Edinburgh physician, William Collins Engledue, aimed to publish equally on mesmerism and phrenology. They ambitiously state their breadth of vision and their search for Truth unimpeded by outside interests:

A periodical devoted to these topics [mesmerism and cerebral physiology or phrenology] has long been a desideratum, and the Editors of this Journal will endeavour to furnish a medium for the freest expression of thought on questions of social, moral, and intellectual progress. In giving an opinion on important questions, they will not be influenced by external movements, either popular or the reverse. They claim perfect independence of thought, but will be guided in the expression of it by the unerring principles of their science.²⁸⁷

In later editions, Elliotson was surprisingly churlish about the mesmeric craze that he had instigated. He was critical of the 'Lecture mania' that was widespread across the country and derided the lack of education of the lecturers. While he understood the democratic and progressive potential of mesmerism and was an advocate of healthcare reform, he also believed that mesmerism was best left to those with a natural science background characterised by a scientific 'inductive approach' and 'a calm, persevering nature', in other words: physicians.²⁸⁸ Nevertheless, by encompassing high and low culture, the travelling lecturers and Elliotson, together ensured that by the mid-century mesmerism had become the abiding preoccupation of Victorian Britain that Alison Winter so vividly describes.²⁸⁹

²⁸⁶ Harriet Martineau, *Life in the Sickroom: Essays by an Invalid*, 2nd ed. (London: Edward Moxon, 1845).

²⁸⁷ John Elliotson and William Engledue, 'Prospectus', *The Zoist*, 1 (1843) (p. 2).

²⁸⁸ John Elliotson, 'Lecture Mania', *The Zoist*, 1 (1844) (p. 99).

²⁸⁹ Winter, *Mesmerized*.

According to Frank Podmore, after Elliotson, mesmerism became increasingly interlinked with Spiritualism which had arrived in the UK from upstate New York in 1848:

the mesmeric operators became spiritual healers, and their subjects trance mediums; the spiritualist platforms were thronged with magnetic clairvoyants who had developed into “inspirational speakers”. The two movements naturally became identified in the minds of the public and shared in a common condemnation. No physician who valued his professional reputation could afford to meddle with the subject.²⁹⁰

It was this link that maintained mesmerism as a fringe practice. For the New Hypnotists, it was important that Elliotson’s reputation be restored for hypnotism to have any credibility as a new legitimate and orthodox therapy. In part this was because even years after, his disgrace was still widely remembered, particularly among the doctors. There was sufficient interest in the story for the doctor and journalist, James Fernandez Clarke to publish his account of his involvement in the affair in 1874.

The rehabilitation of Elliotson’s good name was part of a grander and more daring project to advance a new narrative of the British discovery and development of hypnotism. In the 5th edition of *Psycho-Therapeutics*, Lloyd Tuckey praised Elliotson as ‘a physician of rare ability’ and ‘a man of unimpeachable probity’ but criticized him for his lack of discretion and described his experimental work on mesmerism as ‘superincumbent rubbish.’²⁹¹ John Milne Bramwell was more generous, devoting 17 pages of the 37 pages in his chapter on the history of the subject to Elliotson, eight pages to the mesmeric surgeon James Esdaile and nine to James Braid.²⁹²

Milne Bramwell portrays Elliotson as a liberal and social radical, a brilliant and visionary physician who was misunderstood and unfairly maligned by his critics, peers and friends. He makes it clear that Elliotson did not consider mesmerism as ‘universally applicable’ to all illnesses and continued to use other conventional treatments where appropriate. He saw it as particularly useful for hysteria and other functional nervous disorders where little else made a difference. Milne Bramwell suggests that although gullible in some ways, Elliotson was no friend of spiritualism or seances, the craze which followed mesmerism and swept the world

²⁹⁰ Podmore, *Mesmerism and Christian Science* (p. 150).

²⁹¹ CLT, *Psycho-Therapeutics* (5th ed) (p. 128).

²⁹² Milne Bramwell, ‘Historical’ Ch 2 in *Hypnotism* (pp. 3-39).

from its humble US origins with the Fox sisters. He makes allowances for some of his views by normalising them: he did 'share the mesmeric errors of the day' believing in clairvoyancy and phrenology.²⁹³ Milne Bramwell suggests that over the publishing life of *The Zoist* (1834-1856), which Elliotson edited throughout, the beliefs in clairvoyancy and phrenology were losing ground.

In his *Hypnotism, or Psycho-Therapeutics*, published in 1890, Robert Felkin suggested that British scientists had been slow to pick up on hypnotism and were in danger of being left behind by their continental cousins. He attributed this the 'unfortunate impostures which were practiced between the years of 1840 and 1850.'²⁹⁴ In his overview, he separates Elliotson's name from these 'impostures' and places him in a clear British genealogy of hypnotic discovery. The next two physicians in this British lineage of hypnotism were James Esdaile (1808-1859), a regular contributor to *The Zoist* and superintendent of the Mesmeric Hospital in London, who used mesmerism to undertake painless surgery as an army doctor in India and James Braid (1795-1860), the originator of the term hypnotism.

George Kingsbury also took the approach of splitting off Elliotson's work from the Okey scandal. He clarified that modern hypnotists did not use *clairvoyantes* or mesmerised assistants to diagnose. He made the flattering comparison between Elliotson and the illustrious William Harvey, the English physician who first demonstrated the circulation of the blood. There were several similarities: the magnitude of their discoveries, the obsession with scientific truth which drove them both, the initial rejection of their evidence by their peers and the destruction of both their reputation and their means of making a living. Elliotson was not shy of making the same lofty parallel, when he received the honour of giving the Harveian oration (established by William Harvey) to the Royal College of Physicians in 1846.²⁹⁵ Despite pressure to focus on his more mainstream interests and achievements, he chose to lecture on and advocate for mesmerism. There was almost universal condemnation of his speech in the medical journals. It reignited a level of hostility that Elliotson had not experienced since the *Lancet's* exposure of the Okeys. The medical journals accused him of treating science 'like a harlot' and

²⁹³ Milne Bramwell, *Hypnotism* (p. 10).

²⁹⁴ Felkin, *Psycho-Therapeutics* (p. 3).

²⁹⁵ At the time of his speech, Elliotson was unaware of the final poignant likeness with William Harvey: that his private practice would fall away and that he would eventually die in poverty at the home of one of his few loyal friends, Edmond Symes. John Elliotson, '*The Harveian Oration*' (London: Baillière, 1846).

darkly hinted about his sexual passions 'burning strongly either in secret or notoriously'.²⁹⁶ Once more mesmerism was linked to sex and impropriety.

Kingsbury admitted that Elliotson had his faults but lamented the low quality of the professional dispute:

To us who look back to the warfare against Elliotson, it may seem that the fighting was not fair. I cannot say whether Elliotson laid his case wisely before the profession of his time, but it does appear to me that personal abuse and indecent insinuation are poor forms of argument.

Perhaps rather optimistically he added 'Let us hope that in these days scientific observation and critical examination will replace vituperation.'²⁹⁷ This was to be a baseless hope as the story of Charles Lloyd Tuckey, *BMJ* editor, Ernest Hart and the new hypnotism in chapter six will demonstrate.

3.2 The Neglect and Recovery of James Braid

The last character in the highly partial British history of hypnotism, was James Braid. For the late Victorian hypnotists, he was a critical figure for several reasons. James Braid had attempted to separate the therapeutic benefits of the trance state from the mystical frills of mesmerism. Following the Scottish 'Common Sense' school of philosophy, he had rejected Mesmer's ideas of a mysterious fluid and Puységur's vague concept of an influence passing from the operator to the subject. He had introduced a new set of technical terms for the procedure to linguistically distance his scientific 'hypnotism' from metaphysical mesmerism.²⁹⁸ He had also written the book that had originally introduced the French country practitioner Liébeault to the technique and so could be reasonably credited with the responsibility of inspiring the therapeutic advances of the Nancy school. In fact, for many years, hypnotism was known in France as 'Braidism.'

Braid's work was well known to the non-medical members of the SPR before Lloyd Tuckey's visit to Liébeault, appearing in William Preyer's German language *History*

²⁹⁶ Kingsbury, '*Hypnotic Suggestion*' (p. 6).

²⁹⁷ Kingsbury, '*Hypnotic Suggestion*' (p. 8).

²⁹⁸ Although Braid was the first to use the terms hypnotism, hypnotize and hypnotist in English, the equivalent terms hypnotique, hypnotisme, hypnotiste had been used by the French mesmerist Baron Etienne Félix d'Henin de Cuvillers (1755–1841) at least as early as 1820. Melvin Gravitz and Manuel Gerton, 'Freud and Hypnosis: Report of Post-rejection Use' *Journal of the History of the Behavioral Sciences* 17 (1984) pp. 68-74 (p. 109).

of *Hypnotism* (1881) and he was routinely mentioned in Myers and Gurney's articles in *Proceedings of the SPR*.²⁹⁹ Braid's work was considered important by these writers despite the fact that he rejected any hint of the supernatural in the technology or the release of untapped mental powers for the hypnotised.

In his initial hypnotic article 'Faith-Healing', Lloyd Tuckey refers to the importance of Braid's work and cites *De la Suggestion Mentale* though he is more likely to have meant *Neurypnologie*.³⁰⁰ At this stage the most accessible volumes of Braid's work were only available in French. In the same article, Lloyd Tuckey later describes him as 'the celebrated Manchester surgeon, who was the first to formulate a rational explanation of the mesmeric and kindred states.'³⁰¹

Milne Bramwell was particularly fascinated by Braid's work, collecting all his writings including his pamphlets, publishing a biography in *Brain* in 1896. In his later books Bramwell decided that the Nancy school had merely rediscovered Braid's work and credited Braid solely with the invention of suggestion rather than Bernheim.³⁰² Braid's only practical book on hypnotism was *Neurypnologie; or, the Rationale of Nervous Sleep* written in 1843 but he never managed to write a second edition so his later books and pamphlets like *Magic, Witchcraft, Animal Magnetism, Hypnotism and Electrobiology* and *The Physiology of Fascination* are crucial to understanding his later thinking on hypnotism.³⁰³ In a review of the collection of '800 works by nearly 500 authors', listed in Dessoir's exhaustive summary of published work on hypnotism, *Bibliographie des Modernen Hypnotismus*,³⁰⁴ Milne Bramwell made the bold claim that he found 'little of value has been discovered which can justly be considered as supplementary to Braid's later work.'³⁰⁵

James Braid was a Scottish surgeon from Fife, who trained at Edinburgh medical school between 1812 and 1814 while apprenticed to the father and son, Leith surgeons, Thomas and Charles Anderson to whom he subsequently dedicated

²⁹⁹ William Preyer, *Die Entdeckung des Hypnotismus* (Berlin: Gebruder Paetel, 1881); Gurney and Myers, 'Aspects of Mesmerism' (p. 402).

³⁰⁰ CLT, 'FH'; James Braid, *Neurypnologie: traité du sommeil nerveux, ou hypnotisme* (Paris: Delahaye and Lecrosnier, 1883).

³⁰¹ CLT, 'FH' (p. 847).

³⁰² J. Milne Bramwell, 'James Braid: Surgeon and Hypnotist', *Brain* 19 (1896) (pp. 90–116).

³⁰³ Braid, *Neurypnologie*; James Braid, *Magic, Witchcraft and Animal Magnetism, Hypnotism and Electro-biology*, 3rd ed. (London: J. Churchill, 1853); James Braid, *The Physiology of Fascination and the Critics criticized* (Manchester: Grant, 1855).

³⁰⁴ Max Dessoir, *Bibliographie des Modernen Hypnotismus* (Berlin: Carl Duncker, 1888).

³⁰⁵ John Milne Bramwell, 'On the Evolution of Hypnotic Theory', *Brain* (1896) 459–568 (p. 459).

Neurypnology.³⁰⁶ Anderson senior was a founding member and the vice-president of an elite scientific society called the Wernerian Natural History Society of Edinburgh, a rival to the Royal Society of Edinburgh. Donald Robertson has suggested that Anderson might have introduced Braid to the society and its library. Braid felt the connection significant enough to sign himself as 'C.M.W.S.' or 'M.W.S.' (Corresponding Member of the Wernerian Society), in his articles and books.³⁰⁷

Braid worked as a surgeon in Scotland until 1828 when he moved to Manchester. On 13th November 1841, Braid went to a public demonstration of animal magnetism and phrenology in his home-town that was to change the course of his career. The stage show was the popular form of public lecture or entertainment previously described. They were widespread across Europe at the time and known as a *séance* or *conversazione*. Braid was initially highly sceptical of the *séance* conducted through an interpreter by a Swiss demonstrator of mesmeric phenomena called Charles Lafontaine. However, he was intrigued enough to attend a repeat performance, six days later. He witnessed one of the mesmerised subjects insensible to pain and another unable to open their eyes and convinced himself that it was a genuine if subjective phenomena. He experimented on friends and family and his interest grew. He viewed it as his responsibility as a practising doctor to communicate his findings and started to lecture by the end of the year. He persisted throughout 1842 despite the antipathy towards mesmerism and published his first pamphlet on the subject, *Satanic Agency and Mesmerism* in response to a hostile sermon from a Liverpool preacher.³⁰⁸ He was quite robust in his response to opposing views but never rude. When the Medical section of the British Association refused his offer to speak, instead he gave a *conversazione* outside the meeting to many members of the Association, in which he read his paper and showed cases.

The following year, Braid published his influential *Neurypnology*.³⁰⁹ This was a key work for late Victorian hypnotists for its new terminology, its technique and its theory. Braid proposed that the 'nervous sleep' of the title, which was induced by mesmerism or in his new nomenclature, 'hypnotism', was different to normal

³⁰⁶ Braid, *Neurypnology*.

³⁰⁷ Robertson, *Discovery of Hypnosis*.

³⁰⁸ James Braid, *Satanic Agency and Mesmerism Reviewed, In A Letter to The Reverend H. Mc. Neile, A.M., of Liverpool, in Reply to a Sermon Preached by Him in St. Jude's Church, Liverpool, on Sunday, 10 April 1842* (Manchester: Simms and Dinham; Galt and Anderson, 1842).

³⁰⁹ Braid, *Neurypnology*.

sleep. He described the most effective way of inducing the trance state as through fixing the eyes on a small bright object held above eye level at a position which just caused strain to the eye muscles: 'the mind riveted to the one idea of the object held above the eyes.'³¹⁰ He went on to describe the movement of the operator's fore and middle fingers of the right hand from behind the bright object towards the subject's eyes: 'most probably the eyelids will close involuntarily, with a vibratory motion.'³¹¹ Following this procedure, the subject is likely to be hypnotised, the likelihood increasing with the frequency of previous hypnotic inductions. Braid summarised the main tenets thus:

the phenomena of mesmerism [are] accounted for on the principle of the derangement of the state of the cerebral spinal centres, and of the circulatory, respiratory, and muscular systems, induced by a fixed stare, absolute repose of body, fixed attention and suppressed respiration, concomitant with that fixity of attention. That the whole depended on the physical and psychical condition of the patient arising from the causes referred to, and *not at all* [my emphasis] on the volition or passes of the operator, throwing out magnetic fluid, or exciting to activity some mystical, universal fluid or medium.³¹²

Braid's new technique was very different to the 'passes' or stroking of the mesmerists and faith healers. While it did require some proximity between hypnotist and hypnotised, the movements were focussed on the head and were therefore less erotically charged than the gestures over the affected parts of the body, usually the abdomen and pelvis. Ever the pragmatic surgeon, Braid rejected the involvement of any mystical mesmeric fluid, on the basis that anyone could hypnotize themselves simply by following his instructions. He proposed that hypnotism was merely a physiological condition that was brought on by the strain on the attention, the over-exercise of the eye muscles and the suppression of breathing. He claimed that the hypnotized voluntarily gave up their agency and autonomy creating the trance through attention and imagination. The focus of the attention was irrelevant, once the attention was fixed, the will was suspended. The physical and mental state of the subject were considered critical, the behaviour and will power of the hypnotist irrelevant. Early in his hypnotic career, Braid made no comments to the patient. He considered that the trance itself was therapeutic.

The most far-reaching aspect of Braid's work was his introduction of a new medical lexicon. He was aware of the importance of new technical vocabulary for the

³¹⁰ Braid, *Neurypnology* (p. 110).

³¹¹ Braid, *Neurypnology* (p. 109).

³¹² Milne Bramwell, *James Braid* (p. 91).

technique. He explained that Greek was traditionally used for doctrinal words but accepted the need for shortening his neologism, *Neurypnology* for common parlance:

Neurypnology is derived from the Greek words νεύρον, nerve; υπνος, sleep; λογος, a discourse; and means the rationale, or doctrine of nervous sleep, which I define to be, 'a peculiar condition of the nervous system, into which it can be thrown by artificial contrivance' or thus, 'a peculiar condition of the nervous system, induced by a fixed and abstracted attention of the mental and visual eye, on one object, not of an exciting nature.'³¹³

He went on to coin the terms *hypnotize* meaning to induce nervous sleep; *hypnotism* for the state of nervous sleep; *hypnotist* for one who practises neuro-hypnotism and *hypnotized* for one who has been put into a state of nervous sleep. It should be stressed that in the 1840s hypnotism was but one of many mesmeric or trance-inducing practices. The names that Braid devised survive to this day though what they connote has changed significantly.

James Braid continued to offer surgery to his patients and use hypnosis where appropriate. Like Elliotson, he was fascinated by the phenomenon and took opportunities to experiment with friends, servants and patients to learn its laws. As a practising doctor he was highly critical of the 'unlearned' travelling mesmeric lecturers even when their theories were close to his own. He condemned the Mancunian lay performer Joseph Catlow, who developed a 'soporific machine' based on his similar ideas that a trance state could be induced by sensory repetition. By comparison, he was initially respectful of fellow doctors, especially John Elliotson, despite fundamentally disagreeing with his assumptions and core beliefs. Like Elliotson, he did believe in phrenology but it should be understood that this was a common belief system at the time. Like Elliotson, he struggled to get much of his work on hypnotism published in any reputable scientific journals. In his obituary, the *Lancet* emphasised his surgical contributions and good results for club foot and squint rather than any mention of his hypnotic ones.³¹⁴

The fact that he could not get his hypnotic work published in *The Zoist* is surprising at first sight, but there appeared to develop some personal antagonism between the two of them. Elliotson described Braid's methods as 'coarse'.³¹⁵ Braid accused the 'chief of the mesmeric school' (presumably Elliotson) of hypocrisy in rejecting his

³¹³ Braid, *Neurypnology* (p. 13).

³¹⁴ Anon, 'Obituary: James Braid'. *The Lancet* (1860) 31 March, 1860 (p. 335).

³¹⁵ Moore, *The Mesmerist* (p. 211).

work for publication and of being an 'illiberal, vindictive and persecuting mesmeric autocrat.'³¹⁶ It seems that Braid's materialist and mechanical ideas on the trance state fell somewhere between the mesmerists on the one hand and the medical establishment on the other.

Braid was never clear whether hypnotism was the same as mesmerism or a different entity. However, he was able to demonstrate that the trance state could be achieved without theatre and without previous experience of the anticipated effects through the simple expedient of fixing the gaze. He viewed hypnotism as a powerful therapeutic tool that should be utilised solely by the medical profession. A view shared by Lloyd Tuckey. Braid died suddenly and unexpectedly in March 1860. As a provincial surgeon with limited ability to publish in the national medical journals, his ideas had a limited impact in his lifetime. He left no intellectual heirs and with Elliotson's slow decline, medical interest in the trance state receded. Or as Lloyd Tuckey expressed it:

[B]y removing the veil of mystery and the idea of individual power, [Braid] endeavoured to overcome popular and medical prejudices. He had little success, however, in securing followers, and interest in the subject died out until revived by the practical work of Liébeault and his distinguished pupil Bernheim at Nancy, and by the experiments of Charcot, and his school at the Salpêtrière. The practice of Mesmerism, at any rate in England, was confined to a few obscure persons who employed animal magnetism in treating disease, and occupied a similar position to that filled by bonesetters today.³¹⁷

Lloyd Tuckey and the other New Hypnotists present a narrative of Braid as the neglected British physician scientist who found fame in Europe before his genius was finally recognised at home.

In this chapter and the previous one, I have examined the immediate and deeper historical context for Lloyd Tuckey's efforts of legitimise hypnotism. I have considered the significance of historiography in the story of British hypnotism and will later examine the position of Lloyd Tuckey in the histories of the psychotherapies. I have focussed on the way that the New Hypnotists retold and reinterpreted trance healing practices and the lives of Elliotson and Braid to present a reassuring, scientific Anglocentric lineage.

³¹⁶ James Braid, *Hypnosis* (p. 161).

³¹⁷ CLT, 'Some Phases of Hypnotism', *Occult Review* 1 2 (1905) pp. 51-7 (p. 51).

If history is the story we tell about the past for present purposes, then modern versions of events can reveal just as much about the viewpoints and purposes of their authors. For example, the social historian Alison Winter's book *Mesmerized* is an academically dominant orthodox history of mid-century Victorian mesmerism which provides an excellent cultural context to sympathetically understand Elliotson's life and work and his radical agenda. However, her concluding chapter describes the slow dissipation of mesmerism and the eclipse of medical mesmerism by chemical anaesthesia and Freudian psychotherapy which ignores the medical hypnotic revival of the century's end and Lloyd Tuckey's focal role in this.³¹⁸ This omission will be rectified in the later chapters. The next chapter uses fiction to demonstrate the cultural beliefs towards hypnotism and the constitutive role of these fictions.

³¹⁸ Winter, 'Conclusion: The Day after the Feast', in *Mesmerized* (pp. 345-54).

Chapter 4: Imaginary Hypnotism (1880-1900)

4.1 Representing Hypnotism

Like many of his better-known and well-drawn medical contemporaries such as William Osler and Frederick Parkes-Weber, Lloyd Tuckey was a widely-read, literate and erudite medical doctor.³¹⁹ The citations and bibliography across the editions of *Psycho-Therapeutics* display considerable scholarship and an interest not just in parochial British medicine but a wider understanding of European hypnotic and psychological developments particularly in France and later Germany.

There is other evidence that like many middle-class Victorians, Lloyd Tuckey enjoyed a rich cultural life. He visited the Royal Academy, enjoyed theatre and was a member of several clubs concerned with freemasonry, ceremonial magic and the education of children. His celebrity status meant that his attendance at exhibition openings was recorded.³²⁰ In an 1894 interview with the journalist T.H. from the *Sketch* about the de Jong murder cases, he was clearly conversant with the central plot of the play *The Bells* as it was used as an example of hypnotism being used to induce a criminal confession.³²¹

We have further evidence that Lloyd Tuckey also read fiction. He compared one of his case reports in which a father cannot stand to be in the company of his youngest son for reasons that remain unconscious to the features of a Wendell Holmes' novel called *A Mortal Antipathy* (1885).³²² Lloyd Tuckey's correspondence records that he received and enjoyed *Little Johannes*, a modern fairy tale and extended allegory originally written by his Dutch friend Frederik van Eeden in 1884 but given its first English translation in 1895.³²³ In this chapter I wish to demonstrate that Lloyd Tuckey's cultural situation helped to shape his beliefs

³¹⁹ Michael Bliss, *William Osler: A Life in Medicine* (New York: Oxford University Press, 1999); L A Hall, 'The Remarkable Papers of Frederick Parkes-Weber (1863-1962)' *Medical History* 45 (2001) (pp. 523-32).

³²⁰ Anon, 'London Letter: Leading Lights in the Fashionable World' *Sheffield Daily Telegraph*, 18 May 1896 p. 6.

³²¹ *The Bells* was a popular play written by Leopold Lewis in 1871 which had run intermittently for several decades in the West End as a vehicle for the great actor manager Henry Irving. As a marker of the enduring popularity of hypnotic fictions in late Victorian Britain, Irving revived it on many occasions, playing the role of the Polish Jew Mathias right up until the night before his own death in 1905; T.H., 'Hypnotism in Criminal Investigation', *The Sketch*, 4, (1894) p. 244; CLT to Frederik van Eeden, 25 December 1895. Allard Pierson.

³²² Wendell Holmes himself was an American physician and writer who dealt with psychological themes in his later novels. Oliver Wendell Holmes, *A Mortal Antipathy* (Boston: Houghton, Mifflin, 1885); CLT, *Psycho-Therapeutics* 3rd ed. (p. 161).

³²³ Frederic van Eeden, *Little Johannes* trans. Clara Bell (London: Heinemann: 1895).

about hypnotism, that British culture was in turn influenced by his and his colleagues work, and finally that this allowed the wider acceptance of his ideas. This is important because fictional or imaginary hypnotism was (and remains) far better known than therapeutic hypnotism. This kind of close reading of literary texts is unusual in conventional history and biography but represents a significant and original aspect of my interdisciplinary perspective.

Reviewing the available models to interrogate the nature of the relationship between late nineteenth century hypnotism and its fictional counterpart there were several models that appeared appropriate and I will use the ones that appear most relevant in the subsections of this chapter. Primarily, I have found the work of Gillian Beer, Jacques Derrida and Ian Hacking to be helpful.

Mimesis or the complex relationship between a fictional representation and the real-world object or idea is not unidirectional. Mostly concerned with the Victorian period, the critic Gillian Beer writes of the transformations and translations that occur when science is represented in art:

Scientific and literary discourses overlap, but unstably. [...] More is to be gained from analysing the transformations that occur when ideas change creative context and encounter fresh readers. The fleeting and discontinuous may be as significant in our reading as the secure locking of equivalent meanings.³²⁴

Beer uses the allegory of a field to represent a region in which different zones of influence play upon bodies or cultural moments, rather like iron filings in magnetic fields. Her terms translation and transformation make us focus on the specific language used, but the concepts that the language represents can also be mirrored, subtly distorted or shifted completely in the process.

Beer's own work documents the way that the scientific Darwinian ideas of order and natural selection find their way into late Victorian fiction in unexpected ways. Conversely, she also demonstrates the way that Victorian scientists use classical allusion to demonstrate authority and the way that they utilise novel comparisons during the attempt to say something new and original. Memorably, she opines that 'Symbol and metaphor, as opposed to analysis, can allow insight without

³²⁴ Gillian Beer, 'Translation or Transformation? The Relations of Science and Literature', Ch. 8 in *Open Fields, Science in Cultural Encounter* (Oxford: Oxford University Press, 1996) pp. 173-95 (p. 173).

consequences because perceptions are not stabilised and categorised.³²⁵ In other words, she draws attention to the power of allegory or story to enable scientists to conceptualise and communicate new ideas. She goes on to make links between the contemporary fictions that are available within the culture for the scientists to draw upon: ‘the imaginative currency of the community.’³²⁶ I will argue that Lloyd Tuckey was drawing upon this imaginative currency in his writing and practice. Sometimes he used the fictional representations to help lay readers understand therapeutic hypnotism and sometimes he is forced to confront the anxieties which were represented in and sometimes generated by hypnotic fictions. He was well aware of the impact of imaginary hypnotism and complained that the cause of medical hypnotism was harmed, ‘through the confusion existing in the popular mind between it and the hypnotism of shows and entertainments.’³²⁷

The idea of metaphor and narrative preventing fixity and allowing creativity is particularly helpful here. These concepts resonate with ideas from a completely different discipline, that of structuralism and post-structuralism. Structuralism emerged in the early twentieth century from the linguistic work of Ferdinand de Saussure. The literary theorist and philosopher Jacques Derrida developed these ideas further in the form of his methodology of semiotic analysis of a text that he termed ‘deconstructive reading’. In an early essay, ‘Violence and Metaphysics’, he writes about ‘hesitating between the ethical opening and the metaphysical totality’, when deconstructing texts.³²⁸ The implication is that the ‘ethical’ option means deferring ascribing absolute meaning or taking a definitive position and always being open to the plurality of interpretations. He used the term ‘suspension’ to reflect his notion of withholding final meaning. He drew attention to the instability of the meaning of language in philosophical texts and argued that fiction exaggerated this loosening further. Derrida explains his idea most clearly in an interview:

The semantics and thematics of a literary text carry, “assume” – in the English or in the French sense of the word – some metaphysics. This content itself can be stratified, it occurs via themes, voices, forms, different genres. But to pick up the deliberately equivocal expression I just used,

³²⁵ Gillian Beer, *Darwin's Plots: Evolutionary Narrative in Darwin, George Elliot, and Nineteenth-Century Fiction* (London: Routledge and Kegan Paul, 1983) (p. 14).

³²⁶ Beer, *Open Fields*, (p. 179).

³²⁷ CLT, ‘The Applications of Hypnotism’, *Contemporary Review*, 60 (1891) 672-86 (p. 682)

³²⁸ Jacques Derrida, *Writing and Difference*, trans. by Alan Bass, (Chicago: University of Chicago Press, 1978) (p. 84).

literature's *being suspended* [original emphasis] neutralises the "assumption" which it carries.³²⁹

Derrida seems to be saying that literature's capacity to temporarily break the linkage of ideas and concepts from their source allows a form of play or imaginative leap that would be impossible in their original discourse. More usefully for my purpose, he means that literary works can explore or illuminate scientific ideas without the burden of proof or evidence of the scientific method.

A final concept which helped me with understanding the processes at work between science, hypnotism and literary culture is one described by the philosopher of science, Ian Hacking. Hacking's ideas have been used in a range of disciplines from sociology to psychiatry and philosophy. As a philosopher, he is interested in 'kinds' or categories of things particularly in the human sphere: behaviours, emotions, personalities and temperament. Human kinds like those listed will have had prior claims for scientific knowledge, and he contends that unlike 'natural kinds' from the physical world, they will often contain a value or a judgement. An age-old controversy for philosophers is whether natural kinds are implicit or manmade.

However, Hacking is more concerned with his new class of category and a subcategory that he calls a 'looping human kind'.³³⁰ He lists examples of human kinds which include suicide, incest, child abuse, psychiatric diagnoses and even the trance state and observes that they require a specific social environment to exist. His central idea is that the process of classification changes people, a process which he calls 'dynamic nominalism'.³³¹ This effect is more complex than older concepts of labelling theory or the Hawthorne effect would suggest.³³²

To create new ways of classifying people is also to change how we can think of ourselves, to change our self-worth, even how we remember our own past. This in turn generates a looping effect, because people of the kind behave differently and so are different. That is to say the kind changes and

³²⁹ Jacques Derrida, "'This Strange Institution Called Literature'", An Interview with Jacques Derrida', in *Acts of Literature*, ed. by D. Attridge (New York: Routledge, 1992) (p. 49).

³³⁰ Hacking, 'Looping Effect' (pp. 351-83).

³³¹ Ian Hacking, 'Making Up People' in T. Heller *et al.* eds, *Reconstructing Individualism* (Stanford, CA: Stanford University Press, 1986): (pp. 222-36).

³³² The Hawthorne effect refers to the way in which experimental subjects will change their behaviour when they are aware that they are being observed. The original research took place at the Hawthorne works in Cicero, Illinois and was coined by French. J. French 'Experiments in Field Settings', Ch. 3 in L. Festinger and D. Katz. *Research Methods in the Behavioral Sciences* (New York: Holt, Rinehart and Winston, 1953) (pp. 98-135).

so there is new causal knowledge to be gained and perhaps old causal knowledge to be jettisoned.³³³

I am proposing that the fictions that people read were a part of a wider shared social milieu which had the power not only to change their attitude to trance but their beliefs of what trance could actually achieve. In other words, the fictions could be constitutive, not just reflective (secondary, or a degraded version of the scientific 'truth'). The hypnotic fictions were not all negative by any means. One of the largest best-sellers of the time was Marie Corelli's *The Romance of Two Worlds* which imagined hypnotism as part of an ancient Eastern tradition of healing and spiritual and psychical development which was ripe for rediscovery.³³⁴ In late Victorian Britain, the spiritualist séances and the magical hypnotic shows, combined with the fictions altered the ways that it was possible to behave, feel or function as a result of the trance state. In a strange way, the possibilities of imaginary hypnotism started to determine the actual potential of the trance state. The fictions could also affect whether or not an individual wished to be or believed themselves to be 'hypnotically susceptible'. There were huge implications for the numbers who were likely to respond to hypnotic trance as well as the potency for technique. There are ongoing feedback loops which mean that human kinds are never fixed and the belief system continued to evolve within late Victorian culture.

Many scholars have commented on the wide breadth of concerns of Victorian intellectual life. The distinct demarcations between artistic culture and scientific culture were still to come. The notion that fiction, literary criticism and scientific theories influenced each other reciprocally is well-established in Victorian Studies. Psychological ideas in particular, have been well examined. Since the pioneering work of Sally Shuttleworth and Jenny Bourne Taylor in the 1980s, scholars have moved from Freudian analytic readings to those informed by the psychology of the time. Victorian psychology was broad and has been described as a 'point of intersection between various fields of knowledge – philosophy, physiology, aesthetic and social theory'.³³⁵ It was also accommodating enough to include fields that would now be considered to be pseudoscience such as mesmerism, hypnotism and special psychic abilities. However, as Anne Stiles has observed in her recent review, there has been little work on popular or genre fiction:

³³³ Hacking, 'Looping Effect' (p. 369).

³³⁴ Marie Corelli, *A Romance of Two Worlds: Edinburgh Critical Editions of Nineteenth Century Texts* ed. by Andrew Radford (Edinburgh: Edinburgh University Press, 2019).

³³⁵ Jenny Bourne Taylor, *The Secret Theatre of Home: Wilkie Collins, Sensation Narrative, and Nineteenth-Century Psychology* (New York: Routledge, 1988) (p. 19).

Despite the richness of such scholarship, these critics generally confine their observations to a few canonical authors and genres, leaving plentiful opportunities for future research. Genre fiction, for instance, remains comparatively under-explored in this context.³³⁶

Additionally, in scholarship of this sort there has been a tendency to privilege the mesmerism of the 1840s over the New Hypnotism of the 1880s and 1890s. The most recent collection of essays of the third wave of mesmerism critics contains only three of eleven chapters which deal with this period.³³⁷

I will look at several late nineteenth century works of popular and genre fiction in depth. I will demonstrate the range of ways that these fictions not only reflected but also significantly changed the scientific discourse surrounding the new hypnotism. One of the most popular writers of the era was Marie Corelli and *The Romance of Two Worlds* (1886) represented hypnotism as part of a romantic quest for creativity and spiritual enlightenment.³³⁸ This positive view coincided with and resonated with a more general popular interest in mysticism, known as the occult revival. Despite his work as a physician Lloyd Tuckey was not immune to this cultural turn since we know he joined the Golden Dawn in 1894 and the SPR in 1899.

I will then look at the portrayals of hypnotism over time in the short stories of L.T. Meade. This is not because she had any direct association with Lloyd Tuckey to directly influence his ideas but because she provides an excellent barometer of the wider cultural interest and attitudes towards the subject. Meade was a successful, but largely neglected (until recently), writer across genre fiction. She specialised in the short-form, self-contained serials for the flourishing market of literary journals of the 1890s epitomised by the *Strand*.³³⁹ I will focus on one of her short stories in particular, 'The Red Bracelet' since it seems to portray the subtle but important shift in medical and public thinking that I flagged up earlier: the tipping point or transition of the mechanics of hypnotism from imagination to suggestion.³⁴⁰ It also

³³⁶ Anne Stiles, 'Victorian Literature and Neuroscience', *Literature Compass* (2018). e12436, 10.1111/lic3.12436. (p. 4).

³³⁷ *Victorian Literary Mesmerism*, ed. by Martin Willis and Catherine Wynne (Amsterdam: Rodopi, 2006).

³³⁸ Marie Corelli, *A Romance of Two Worlds*, ed. by Andrew Radford (Edinburgh: Edinburgh University Press, 2019).

³³⁹ The term 'short-story' for a specific fiction type, rather than a novel which happened to be short, was not coined until 1884 by the American critic Brander Matthews; Peter Keating, *The Haunted Study: A Social History of the English Novel 1875-1914* (London: Seeker and Warburg, 1989) (p. 39).

³⁴⁰ L. T. Meade and Clifford Halifax, 'The Red Bracelet', *Strand*, 9 (May 1895) (pp. 545–61).

appears to support Lloyd Tuckey's contention that the altruism and professionalism of doctors is sufficient safeguard to protect the public from any of the more worrying aspects of hypnotism.

Finally, I will examine *The Parasite*, a gothic novella by Arthur Conan Doyle, which is included for two reasons. Firstly, it is to outline the popular anxieties about hypnotism that the New Hypnotists would need to overcome. Secondly, Doyle like Lloyd Tuckey inhabited both the worlds of medicine and spiritualism.³⁴¹ Though is no direct evidence of a meeting between the two, there is likely to have been acquaintance and mutual influence as a result of their shared membership of the SPR. This short novel, an intermediate literary form, was written in 1894 around the peak of public interest in the New Hypnotism.

³⁴¹ Arthur Conan Doyle, *The Parasite* (London: Constable, 1894).

4.2 The Mystical Self-Improvement of *A Romance of Two Worlds*

A Romance of Two Worlds was published in 1886 but remained popular for the next thirty years.³⁴² Corelli's work has often provoked strong feelings in critics and biographers for reasons that I will discuss. Her novels and short stories are often hybrid forms and frequently hard to classify. *Two Worlds* has romantic and fantastic elements to the extent that some have described it as a late gothic or early science fiction.³⁴³ Others have seen it as an early New Age philosophy or spirituality tract. Whatever its subgenre, it was a melodramatic romance, an adventure story and defiantly low-brow in the dichotomy with the literary realist high-brow authors typified by George Eliot and Henry James.

Corelli's novels are escapist romances with clear and inescapable moral values that must have been widely enjoyed and obviously chimed with her readership which famously included Queen Victoria and William Gladstone. Over half of her 22 novels were world-wide best sellers and it is estimated that for several years over 100,000 copies of her books were sold annually.³⁴⁴ The modern critic, Peter Keating, observed that one measure of Corelli's influence on popular culture can be illustrated by her coinage of two new girls' names.³⁴⁵ The first names, Thelma and Mavis appear probably for the first time in her novels and within a decade they were in common usage.³⁴⁶

Over her lifetime, she easily outsold her more famous male contemporaries (Henry James, Robert Louis Stevenson, Thomas Hardy and H.G. Wells) but she was derided by the literary critics. Apart from professional jealousy towards her populism and undoubted success, critics also decried her perceived stylistic shortcomings. Her authorial voice is a constant overt presence throughout her books and most of her heroines were thinly disguised self-representations who acted as mouthpieces for her personal views and vicarious objects of her wish-fulfilment fantasies.

³⁴² Marie Corelli, *A Romance of Two Worlds* (2019). Henceforth *TW*. The Edinburgh Critical Edition does not contain the new introduction and appendices which accompanied later editions.

³⁴³ Darko Suvin, 'On What Is and Is Not an SF Narration; With a List of 101 Victorian Books That Should Be Excluded from SF Bibliographies', *Science Fiction Studies*, 14 (1978) 45-57 (p. 45).

³⁴⁴ Brian Masters, *Now Barabbas was a Rotter: The Extraordinary Life of Marie Corelli* (London: Hamish Hamilton, 1978) (p. 6).

³⁴⁵ Peter Keating, 'Introduction' in Marie Corelli, *The Sorrows of Satan* (Oxford: Oxford University Press, 1996) (p. xx).

³⁴⁶ Marie Corelli, *Thelma* (London: Bentley, 1887) and Mavis is the Corelli-like paragon at the centre of *The Sorrows of Satan*.

The literary scholar Anne Stiles argues that despite or perhaps because of Corelli's misunderstandings and simplifications, her widespread popularity meant that throughout her career she had a significant impact in popularising complex scientific ideas, particularly brain and mind science.³⁴⁷ Significantly, Corelli was very positive about the potential effects of the new advances on humankind: '[her books] creatively envisioned the miraculous possibilities opened up by improved understanding of human brain function.'³⁴⁸ I would extend this to include the miraculous possibilities of hypnotism. The only other writer to examine her work principally from the perspective of hypnotism and mesmerism is Alisha Seibers.³⁴⁹ She views *Two Worlds* as a romance which shows not only the healing potential of mesmerism but also one that explores the latent artistic creativity that could be released by the trance state.

Two Worlds opens with the unnamed heroine convalescing in Cannes. Strangely like Corelli, she is an English improvisatory concert pianist who is unappreciated in her own country and she is sick: nervous and neurasthenic. Corelli deliberately blurs the boundary between fiction and autobiography. A chance encounter with an artist in her hotel leads her to a metaphorical and literal journey of healing and self-discovery. She is directed to the Chaldean mystic and 'physical electrician' (*TW* 50), Dr. Casimir or simply Heliobas, who cures her of her nervous affliction through a combination of mesmerism, baths and herbal draughts. His origins from the ancient kingdom of Chaldea, marked him as a recipient of timeless wisdom: 'I am descended directly from one of those "Three Wise Men of the East"' (*TW* 47) and chimed with contemporary Victorian interest in the orient and its physical and philosophical treasures.

As his guest in his exquisite Parisian house, she develops an intense relationship with his sister Zara and learns more about the 'the 'Electric Principle of Christianity' as it is called in Heliobas' manuscript or the 'Electric Creed'³⁵⁰ as it became known: a heady amalgamation of Eastern philosophies, Christianity, electricity, astral projection and mesmerism. Under Heliobas' care, she not only recovers her health and artistic creativity but under his tutelage she experiences a

³⁴⁷ Anne Stiles, 'Marie Corelli and the Neuron', Ch. 5 in *Popular Fiction and Brain Science in the late Nineteenth Century* (Cambridge: Cambridge University Press, 2012) (pp.156-184).

³⁴⁸ Stiles, *Brain Science* (p. 156).

³⁴⁹ Alisha Seibers, 'Marie Corelli's Magnetic Revitalising Power', Ch. 9 in *Literary Mesmerism* (pp. 186-202).

³⁵⁰ Apparently in response to the demand of her readers, Corelli outlines the tenets of her Electric Creed in more depth in the preface of the second edition of *Two Worlds* (1887).

series of dramatic, meditative journeys to other worlds, guided her spirit guardian, Azul. She goes on to have an epiphany that the meditation techniques that Heliobas teaches her will bring her closer to God, who is a manifestation of light, love and electricity. When her new friend Zara is killed by a lightning strike, she comes to realise that death is not the end but just a moment of transition for the spirit.

4.2.1 *Two Worlds* and Hypnotism

The term mesmerism rather than hypnotism was used throughout *Two Worlds* by Corelli and this was appropriate at the time of writing. She adopted the term hypnotism in the introduction and appendices of later editions. While Braid had introduced the term hypnotism in the 1840s, it was not until the New Hypnotists (Lloyd Tuckey, Milne Bramwell, Kingsbury and Felkin) started to publicise the developments in France that the term hypnotism replaced mesmerism in general usage. By the time of *The Sorrows of Satan*, Corelli's sixth novel published in 1895, she had shifted to Braid's neologism for this novel which also had hypnotic themes.³⁵¹ However, it is fair to say that Corelli's conception and presentation of trance and its mechanics in both books was much closer to the mesmerism of Elliotson and his colleagues in the early Victorian era than the hypnotism of the New Hypnotists. By this I mean that the portrayal is of a mystical procedure that was the result of powerful unexplained non-materialist forces.

Within the main text of the book *Two Worlds* as well as its introductions and appendices, Corelli tried hard to differentiate mesmerism as part of her own belief system 'The Electric Creed' from other forms. She does this in relation to standard hypnotism 'which is merely animal magnetism called by a new name [...] and has nothing whatever in common what I may designate spiritual electric force.'³⁵² However, Corelli's spiritual electric force is indistinguishable from mesmerism or animal magnetism.

Corelli may have protested that her form of spiritual electric force was very different to medical hypnotism, but in her novel, it is presented in a way that would be familiar to readers as a conventional medical encounter:

[T] here was nothing unusual in the demeanour of this pleasant and good-looking gentleman who, bidding me be seated, took a chair himself opposite

³⁵¹ Corelli, *The Sorrows*.

³⁵² Corelli, *Two Worlds*, Reprint (London: Methuen, 1963) (p. xx)

to me, and observed me with that sympathetic and kindly interest which any well-bred doctor would esteem it his duty to exhibit. [...] He felt my pulse in the customary way, and studied my face attentively. I described all my symptoms, and he listened with the utmost patience. (*TW* 56)

Elsewhere, Heliobas and his disciple Cellini, ‘fix her gaze’ and ‘command’ her to rest, in a tone which is irresistible. The language is unmistakeably that of mesmerism. The trance state is portrayed throughout as a very powerful force for physical healing and self-improvement. Not only does it cure the narrator’s nervous exhaustion or neurasthenia, but it also provides a method to see through the veil of the material world; to go beyond the physical plane by means of astral projection; and to learn the secrets of alternative worlds and harness one’s artistic creativity.

4.2.2 *Two Worlds*, the Occult Revival and Personal Betterment

Corelli’s book might have been fantasy but the themes of *TW* were highly contemporary and relevant, particularly the themes of self-improvement through occult study and practice. Her central use of hypnotism was an important part of the plot and reflected at least some wider reading. The mystic and self-improvement aspect of mesmerism had long been part of the European mesmeric heritage through the writings of Deleuze and the various Societies of Harmony but as I stated in chapter three, up until the late Victorian era these ideas had gained little traction in the UK.³⁵³

Corelli anticipated or mirrored some of the contemporary ideas and practices of the occult revival described by Alex Owen and Janet Oppenheim and exemplified by Theosophy and the ceremonial magic groups.³⁵⁴ Oppenheim makes the point that the public engagement with the occult was far greater than indicated by the numbers on the membership lists of the Theosophical Society, the Rosicrucians or the Golden Dawn. The national obsession was better reflected in the numbers who participated in parlour room seances with mediums in order to contact dead relatives; the interest in spirit writing; the lecture circuit for trance speakers; and the magicians using spiritualism themes in their acts. The pair also observed that

³⁵³ Joseph Deleuze, *Practical Instruction in Animal Magnetism, or Mesmerism : the Result of Thirty-five Years’ Practice and Observation*, trans. by Thomas Hartshorn (London: Cleave, 1843).

³⁵⁴ Janet Oppenheim, *The Other World: Spiritualism and Psychic Research in England, 1850-1914* (Cambridge: Cambridge University Press, 1985); Alex Owen, *The Place of Enchantment: British Occultism and the Culture of the Modern* (Chicago: University Press of Chicago, 2004).

spiritualism and occultism was nationwide and crossed boundaries of class. While we have no evidence of an interest in Theosophy, the middle-class professional Lloyd Tuckey was a member of both a Rosicrucian-inspired Masonic lodge and the Golden Dawn. He maintained many of his mystical views, writing for the *Occult Review* in 1905:

The revival of interest in hypnotism was one of the of the first signs of the reaction against crude materialism which marked the last quarter of the nineteenth century. Hypnotism may be considered as a connecting link between occultism and materialism, [...] demonstrating the truth of spiritualism [and] offering a rational explanation to apparently mysterious phenomena.³⁵⁵

Madam Blavatsky's Theosophy was both spiritually and intellectually satisfying to people who found the old religions contradicted by Darwinism but hated the dry materialism of science. The Theosophists claimed to represent an arcane secret tradition and Blavatsky had found wisdom from and communicated with enlightened eastern Masters. Both Theosophy and the ceremonial magic society the Golden Dawn, another manifestation of late Victorian spirituality, used the trance state as a part of their arcane mystical rituals. However, both stressed the importance of meditation and self-willed or auto-hypnotism rather than the passive state of the hypnotised.³⁵⁶

Like Corelli, Madam Blavatsky was dismissive of scientific hypnotism. In her 'question and answer' style introduction to theosophy, *The Key to Theosophy* published in 1889, she directly mocked the medical hypnotists of the day who would never be able to understand the phenomenon they researched, because they were not ageless Theosophy adepts. They could only fully understand hypnotism if 'the materialistic dross they have accumulated in their brains [were] swept away to the very last atom.' She disdainfully mentions several doctors by name including Lloyd Tuckey, presumably unaware of his occult leanings.³⁵⁷

Like the scientists, she wished to make the distinction between hypnotism and mesmerism, but her purpose was quite different. Blavatsky wished to portray hypnotism as an unhealthy inert state of fatigue, in which the hypnotised becomes a passive agent of the will of the hypnotist. She differentiated it from therapeutic

³⁵⁵ CLT, 'Some Phases of Hypnotism', *Occult Review*, 1 (1905) 51-57 (p. 51).

³⁵⁶ Owen, *Place of Enchantment* (pp. 125-6).

³⁵⁷ Helena Blavatsky, *The Key to Theosophy* (London: Theosophical Publishing Company, 1889) (p. 293).

mesmerism by calling on the older theories of animal magnetism. She described the process in mystical ways similar to Deleuze and Corelli:

The method of true mesmerism is entirely different [to hypnotism]. The mesmerizer throws out his own Auric Fluid . . . through the etheric double, on his patient; he may thus, in the case of sickness, regularize the irregular vibrations of the sufferer, or share with him his own life-force, thereby increasing his vitality.³⁵⁸

Many other features of Corelli's Electric Creed, the new religion of *Two Worlds*, were similar to Madame Blavatsky's esoteric religious movement. Like Theosophy, the Electric Creed merged all of the world's religions because they all accept 'the truth of Christ's visitation'. It also had a strong spiritualist or mystical component with its description of astral projection and thought transfer alongside its message of universal brotherhood and immortality. Theosophy had been established in the US ten years before and Blavatsky's beliefs were outlined in *Isis Unveiled* published in 1877. However, Blavatsky had moved to London in 1885, suggesting that she believed that the British general public might be particularly receptive to these kind of ideas at this time or that there might be rich patrons for her religion at the centre of the world's greatest empire.³⁵⁹

There was considerable enthusiasm amongst Corelli's readership in Britain and the US for her Electric Creed though it never had the impact and reach of Theosophy. The combination of science, spiritualism and immortality was an attractive mix for the Victorians. Perhaps the 'suspended' nature of her Electric Creed religion, appearing in a fictional context, meant that it could never succeed like Theosophy, which was more clearly signified as truth by Blavatsky.

Corelli's lack of scientific knowledge and understanding may be apparent to modern readers but not to her original readership. For them electricity was a mysterious force that was used by scientists to explain a variety of incredible phenomena from communicating over great distances through telegraphy to eternal lighting and animating dead animal tissue. The well-educated critics may have scoffed at her low level of scientific literacy, but her audience did not object. Viewed positively, Corelli is demonstrating the shifting boundaries of physics in the 1880s. Her concept of electromagnetism is used as uncritically as the concept

³⁵⁸ Brief fragment ascribed to Helena Blavatsky published in Annie Besant's pamphlet on *Hypnotism and Mesmerism, Centenary Edition 1847-1947*, (Adyar, India: Theosophical Publishing House, 1948) (p. 65).

³⁵⁹ Helena Blavatsky, *Isis Unveiled, A Master-Key to the Mysteries of Ancient and Modern Science and Theology* (Pasadena: Theosophical University Press, 1999).

of radiation in 1930s science fiction literature: the very use of the word is supposed to provide instant scientific authenticity. However, it is Corelli's framing of the novel through her forewords and appendices, her insistent, intrusive authorial voice and call upon autobiographical experience which all indicate that she wishes her 'scientifically' oriented belief system to be taken literally and seriously.³⁶⁰

Despite Corelli's limitations as a prose stylist and her highly idiosyncratic interpretation of science and hypnotism she was able to communicate complex ideas to the reading public like no other. Her lack of scientific education meant that it was easier for her to throw together a myriad of disparate ideas from different discourses and temporarily uncouple their associations and assumptions. Her huge readership made her highly influential and her anti-materialist worldview was shared by many. In *TW*, there were surprising convergences with the tenets of Theosophy, the beliefs of the ceremonial magicians in the Golden Dawn and von Reichenbach's ideas of aura and odyllic force.³⁶¹ Her mystical ideas and those of the other groups arose very rapidly in the 1880s, coincident with the occult or mystic revival. They cross-fertilise but also find a fertile medium in the popular culture of the time in which ordinary people use their parlours for séances and stage magicians routinely include displays of hypnotism and telepathy in their acts.

TW is a text in which Corelli combined many unlikely ingredients from religious, psychological, medical and psychical discourses. In her fictional romance their original meanings, rules and assumptions are 'suspended' to use Derrida's word. This allows for considerable creativity and unexpected interplay. Despite the apparently incongruous nature of the component parts, she imagines a fictional world which successfully resonates with the newly literate reading public. Stranger still, her ideas of spiritual self-development through hypnotism are being repeated outside fiction by disparate writers from Blavatsky to Frederic Myers. I would argue that her optimistic depiction of hypnotism as a means for health and to uncover latent mental powers were very useful to the New Hypnotists. The representation of Heliobas as an ancient healer, who used the trance state to holistically benefit his patients, reflected and shaped public and medical beliefs.

³⁶⁰ Garrett Stewart, *Dear Reader: The Conscripted Audience in Nineteenth-Century British Fiction* (Baltimore: Johns Hopkins University Press, 1996) (p. 149).

³⁶¹ Odyllic or odic force was theorised by von Reichenbach as a vital force similar to heat, electricity or magnetism which permeates plants, animal and humans.

4.3 The Hypnotic Range of L.T. Meade (1893-1898)

Another author who illustrates the variety but also the changing nature of the portrayal of hypnotism over the late Victorian and early Edwardian period is L.T. Meade, the pen name of the Irish born but London-based Elizabeth or 'Lillie' Thomasina Meade. Although it seems likely that she was trying to avoid prejudice against female writers by using her initials initially, she kept this *nom de plume* even after she had enjoyed considerable success and had become established as a commercial author.

Meade faced hostility from the literary critics of her day for her often formulaic and derivative fictions, but she was highly versatile and quickly adapted to emerging genres and new formats.³⁶² In particular, she took to the new short story form of interlinked but self-contained tales pioneered by the *Strand* magazine and exemplified by its best-known incarnation, the Sherlock Holmes stories of Arthur Conan Doyle. She contributed to the incredible success of the *Strand*, which revolutionised magazine publishing and dominated the family journal market in the 1890s with its innovative style as well as content: it had introduced regular illustrations though the text and a more readable typeface.

Doyle's biographer Andrew Lycett neatly described the *Strand* as 'a journal to be savoured as a medium of instruction in the privacy of an aspiring middle-class home rather than perused as instant entertainment on a train *en route* to work.'³⁶³ The magazine had a large circulation of nearly half a million at its peak and paid its writers relatively well, with the result that 'the great and the good clamoured to write for it.'³⁶⁴ Despite the competition to appear in its pages, not only was Meade a regular contributor, but it was her detective stories that filled the gap when in 1893, Conan Doyle killed off the publication's biggest draw, by sending Sherlock Holmes over the Reichenbach Falls, locked in combat with his nemesis Moriarty.³⁶⁵

There has been some recent scholarly interest in Meade. The literary critic Sally Mitchell drew substantially on her works to describe the fictional influences and

³⁶² Arnold Bennett, 'The Fiction of Popular Magazines', in *Fame and Fiction: An Inquiry into Certain Popularities* (London: Grant Richards, 1901) (pp. 133-42).

³⁶³ Andrew Lycett, *Conan Doyle: The Man Who Created Sherlock Holmes*. (London: Phoenix, 2008) (p. 172).

³⁶⁴ Jack Adrian, 'Introduction' in *Strange Tales from the Strand Magazine* (Oxford: Oxford University Press, 1991) (p. xxi).

³⁶⁵ Conan Doyle had wanted to kill off the arch-rationalist Holmes in order to focus on his more serious literary efforts but the overwhelming public's response to Holmes' apparent death forced him to reconsider.

representations of the distinctive subculture of the adolescent New Woman (the financially independent, educated and usually physically active early feminists), hence her term, the 'New Girl'.³⁶⁶ Despite the fact that Meade remains best known for them, only 30 of the 280 books that she wrote in her forty-year professional writing career were actually girl's school stories. Most contemporary criticism has concerned these books taking a feminist perspective.³⁶⁷

More recently, the academic interest has moved on to her creation of the first fictional female detectives as well as several female supervillains: alternatives and foils for the more traditional male detectives and heroes.³⁶⁸ Her interlinked sets of stories 'The Brotherhood of the Seven Kings' and 'The Sorceress of the Strand' were both serialised in the *Strand* in 1898 and 1903 respectively.³⁶⁹ They featured two highly memorable villainesses in Madame Koluchy and Madam Sarah who rivalled Professor James Moriarty in their intellect, cunning and powers of influence. Her thrillers and crime stories stand up very well and have started to reappear, for example in anthologies of female detectives, collections of stories from the *Strand*, and in Nick Rennison's *The Rivals of Sherlock Holmes*.³⁷⁰

I will mostly focus on Meade's genius for topicality as well as her large creative output and long publishing career rather than offering further feminist critique. I will demonstrate the cultural changes in attitudes to and depictions of hypnotism over time that can be seen in her work. In a variety of published interviews, she described her strong sense of work ethic and her writing methods.³⁷¹ She was unashamedly populist and wrote in many journals across a wide variety of genres:

³⁶⁶ Sally Mitchell, *New Girl: Girls' Culture in England 1880-1915* (New York: Columbia University Press, 1995).

³⁶⁷ Helen Bittel, 'Required Reading for "Revolting Daughters"? The New Girl Fiction of L.T. Meade' *Nineteenth Century Gender Studies* 2 (2006) (pp. 1-22); Megan Norcia, 'Angel of the Island: L. T. Meade's New Girl as the Heir of a Nation', *The Lion and the Unicorn* 28 (2004) (pp. 345-62).

³⁶⁸ Elizabeth Miller, '"Shrewd Women of Business': Madame Rachel, Victorian Consumerism, and L.T. Meade's Sorceress of the Strand" *Victorian Literature and Culture*, 34 (2006) (pp. 311-32) and Janis Dawson, 'Rivalling Conan Doyle: L. T. Meade's Medical Mysteries, New Woman Criminals, and Literary Celebrity at the Victorian *Fin de Siècle*', *English Literature in Transition, 1880-1920*, 58 (2015) (pp. 54-72).

³⁶⁹ L. T. Meade and Robert Eustace, 'The Brotherhood of the Seven Kings', *Strand Magazine*, 15 (January to June 1898) and 16 (July to December 1898); L. T. Meade and Robert Eustace, 'The Sorceress of the Strand', *Strand Magazine*, 24 (July to December 1902) and 25 (January to June 1903).

³⁷⁰ Adrian, *Strange Tales*; Laura Marcus, *Twelve Women Detective Stories* (Oxford: Oxford University Press, 1997); Nick Rennison, *The Rivals of Sherlock Holmes* (Harpending: Oldcastle Books, 2015).

³⁷¹ L.T. Meade, 'How I began', *Girl's Realm* (November 1900) (pp. 57-64); Janis Dawson "'Write a little bit every day": L.T. Meade, Self-Representation, and the Professional Woman Writer', *Victorian Review*, 35 (2009) (pp. 132-52).

'I find it difficult to write of real experiences. Freshness of topic is essential to my work.'³⁷²

Some of her early work directly drew on controversial and topical news stories such as baby farming, the practice of selling off children that were not wanted or could not be cared for, to paying guardians. In her *Girl's Realm* interview, she revealed that her first book *Lettie's Last Home*³⁷³ published in 1875 was heavily influenced by the scandal being uncovered by the investigative journalist, James Greenwood in the *Pall Mall Gazette*.³⁷⁴ Dawson has surveyed much of her work and demonstrates the range of her use of current affairs in her stories:

topical subjects included street waifs, canal-boat children, unsafe coalmines, workhouse conditions, hospitals and medical clinics for the poor, slum landlords, housing projects, girls' clubs, employment for women, women's colleges, the New Woman, *mesmerism* [my emphasis], the Irish question, and Nihilism.³⁷⁵

Meade also reported that she enjoyed writing with others. In order to add realism to her medical stories she worked with two medical men in Clifford Halifax (a pseudonym of the Metropolitan police surgeon, Edgar Beaumont) and Robert Eustace (in reality, the physician Robert Barton, who later also advised the crime novelist, Dorothy Sayers). To enhance credibility, her first two series in the *Strand* magazine, 'Stories from the Diary of a Doctor', were presented as semi-autobiographical, featuring Halifax himself as their protagonist. The narratives revolve around the presentation of people with inexplicable or bizarre ailments which Halifax subsequently investigates, successfully diagnoses and usually cures. Typical storylines hinge on poisons that can mimic death, outwitting malingerers and a bit of light neurosurgery after a good luncheon. Clifford Halifax M.D. is one of the earliest in a long line of fictional medical sleuths.

As a result of her longevity, productivity and responsiveness to prevalent trends Meade is an excellent bellwether for popular taste and attitude. Through her crime and medical mystery short stories, we get an excellent overview of evolving popular opinion in relation to many topics, though I have specifically chosen medical hypnotism. As I have previously argued, these fictions not only illustrate but also help to mould and fix public and medical opinion. Lloyd Tuckey and the

³⁷² Sarah Tooley, 'Some Women Novelists', *Women at Home* (1897) 191-3 (p. 191).

³⁷³ Meade, *Lettie's Last Home* (London: Shaw, 1875).

³⁷⁴ Meade, 'How I began' (p. 62).

³⁷⁵ Dawson, 'Write a little' (p. 149).

New Hypnotists efforts to position hypnotism as a reputable science and the trustworthiness of the medical profession to use this powerful tool wisely are all illustrated in ‘The Red Bracelet’.

4.3.1 ‘The Red Bracelet’

A key text for my central contention that suggestion takes over from the imagination in both the medical and public understanding of medical hypnotism in the 1890s, is Meade’s short story which was published in the *Strand* in 1895.³⁷⁶ It was one of 24 stories in the journal, published as the stand-alone short story series ‘Stories from the Diary of a Doctor’ by Meade and Halifax. Both sets of 12 stories were later anthologised.³⁷⁷ To highlight their medical authenticity, the book starts with the legend:

The stories in this volume have been written with a close observance of Medical Facts and of the great advance which Surgery has made in the last decade.³⁷⁸

Before looking at ‘The Red Bracelet’ in depth, it is relevant to consider the doctor sleuth Clifford Halifax’s earlier encounter with hypnotism, as this is not his first medical mystery story involving the newly fashionable medical therapy. ‘My Hypnotic Patient’, was Meade’s first account and was her second episode for the *Strand* magazine overall.³⁷⁹ Within this tale, Halifax agrees to offer locum cover to an alienist friend. He is shown to be highly suspicious of hypnotists and investigates a general practitioner known to use hypnotism. Despite his reservations, Halifax describes hypnotism as a ‘science’, albeit ‘little known’ and ‘full of dangerous capabilities’ (‘HP’ 559). However, it has clearly shifted from the mystical, magical practice of Corelli and others to a modern technique that can be investigated, understood and mastered by men of science.

³⁷⁶ L. T. Meade and Clifford Halifax, ‘The Red Bracelet’, *Strand Magazine*, 9 (May 1895), 545–61 (p. 545). Hereafter referred to in the main text as RB.

³⁷⁷ Originally published in 1894 and 1896, the original anthologies are hard to find. The first covered the *Strand* run from July 1893–June 1894: L.T. Meade and Clifford Halifax, *Stories from the Diaries of a Doctor* (London: George Newnes, 1894). The second the run from January–December 1895: L.T. Meade and Clifford Halifax, *Stories from the Diaries of a Doctor* (London: Bliss, Sands and Foster, 1896). The second series has been recently reprinted with a new subheading, L.T. Meade and Clifford Halifax, *Stories from the Diaries of a Doctor: Snippets of Early Medicine and Life in England* (Washington: Westphalia Press, 2015).

³⁷⁸ Meade and Halifax, *Stories*, vol 1 (p. 1).

³⁷⁹ L.T. Meade and Clifford Halifax, ‘My Hypnotic Patient’, *Strand Magazine*, 6 (August 1893) (pp. 163–77). Hereafter, referred to in the main text as ‘HP’.

The short story concludes with the death of a hypnotised patient. When her general practitioner withdraws his hypnotic influence and returns her will to her, Miss Whittaker cannot cope with the stress of living in an asylum and soon expires. Dr Anderson sees the error of his ways and vows never to dabble in hypnotism again. In the final paragraph, Halifax ruminates on the evolving relationship of the British legal system to hypnotic crime. Contemporaneously, the courts of Europe had been forced to contend with several high-profile murder trials involving hypnotism, which had garnered considerable public interest in the UK. These included the Eyraud-Bompard case (1890) in France in which hypnotism was used as a defence for murder and the Dutch De Jong case (1893), in which the authorities considered interviewing the accused under hypnosis. I will return to these important trials in the following chapter. Overall, it is clear from the short story that Dr Halifax, who is carefully depicted as an authentic, credible modern-day physician, views hypnotism as a dangerous but very real and powerful medical technology that can be used for good or ill.

‘RB’ is a critical text for medical hypnotism for several reasons. It was published in January 1895 which was at the height of Trilbymania (covered in chapter five). It perfectly represents the tipping point between suggestion and medical imagination that I have previously described. It can be seen as a significant literary representation of the moment when a doctor’s beneficial use of therapeutic suggestion is shown to be superior to a villain’s malevolent hypnotism.

It concerns Molly, the blind daughter of a rich country gentleman, who has been entranced by a scoundrel named Basil Winchester, to become infatuated with him in order for him to secure her money. This in itself is an unusual development: hypnotism had been previously portrayed and conceived as requiring a visual induction. Although the blindness is a plot device as the story hinges on Halifax later surgically curing Molly’s blindness, it also suggests that Meade had already picked up on a shift in the public’s perception of hypnotism. It had moved on from the primarily visual and gestural lexicon of mid-Victorian mesmerism (mesmeric passes of the hands and the fascinating gaze of the mesmerist). The active constituent of late Victorian hypnotism was essentially verbal in nature and explicable through the new science of suggestion.

Halifax is consulted by the girl’s father, Stafford, and instructed to cure Molly of her hypnotically induced love-sickness by hypnotising her in ‘another direction’ that is re-hypnotising her to reverse the effect (‘RB’ 546). The hypnotic infatuation is reinforced by the titular red coral bracelet which Molly refuses to remove from

her person. Halifax refuses to use hypnotism himself but promises to go to meet Molly at her home, Mount Stafford, in Yorkshire and make up his own mind as to what can be done.

In Meade's portrayal, Halifax is the ultimate Victorian middle-class professional man: rational yet moral. He has great knowledge and power but works beneficently and crucially only within the scope of his professional code. Though the critic Douglas Small, focuses primarily on the status and meaning of the medical use of cocaine in his critique of the story, I concur with his view that Halifax closely resembles Sherlock Holmes and that he represents the 'supreme apotheosis of middle-class values.'³⁸⁰ As a result of his professional ideals Halifax refuses to use hypnotism which he still views as 'a fearful and dangerous power' ('RB' 549). In effect, he uses his own moral authority in conjunction with his will to help Molly. He does this by reawakening her sense of filial devotion and parental obligation which has been temporarily overcome by her amorous obsession with Winchester and so helps her to return to normal behavioural conventions.

In a pivotal scene, Halifax encounters Molly for the first time. She is languishing in bed, refusing all food and deathly pale as her lover Winchester did not meet her to elope as arranged. The neurasthenic, disempowered woman is a common late Victorian literary trope usefully examined by the critic Elaine Showalter.³⁸¹ The link between neurasthenia and thwarted or vampiric love was common in stories like *Dracula* and Mary Elizabeth Braddon's 'Herself' and 'The Good Lady Ducayne'.³⁸² Molly believes she is dying as she has nothing to live for. She clings to her bracelet for comfort.

³⁸⁰ Douglas Small, 'Masters of Healing: Cocaine and the Ideal of the Victorian Medical Man', *Journal of Victorian Culture*, (2016) DOI: 10.1080/13555502.2015.1124798.

³⁸¹ Elaine Showalter, 'Nervous Women – Sex roles and Sick Roles', Ch. 5 in *The Female Malady: Women, Madness and English Culture, 1830-1980* (London: Virago, 1987) (pp. 121-44).

³⁸² Mary Elizabeth Braddon was one of the most successful sensation novelists. The Braddons were close friends with Bram and Florence Stoker and her enervating vampires predate Stoker's. 'Herself' was published in 1894 and her better-known short story, 'The Good Lady Ducayne' in 1896. Mary Elizabeth Braddon, 'Herself', *Sheffield Weekly Telegraph*, 17 November 1894; Mary Elizabeth Braddon, 'The Good Lady Ducayne', *Strand Magazine*, 11 (Feb 1896) (pp. 185-99).



Figure 6: Clifford Halifax, MD. meets Molly³⁸³

When she becomes aware of the presence of Halifax in her bedroom, she leaps out of bed fully clothed and Halifax first notices her entirely white eyes. He learns that she is not eating due to a tightness in her throat, a clear sign of hysteria: ‘Your throat is not closed, you only imagine it’ (‘RB’ 551). He calls upon the ancient doctrine of imagination to explain her physical symptoms and then without the induction of trance or hypnosis uses his stronger will to encourage her to eat and drink: the doctrine of suggestion. She complies and he tells her that he can prevent her throat closing again.

“But, surely, doctor, you are not going to hypnotise me?”

“I am not,” I answered.

“Then why do you suppose that I shall obey you?”

“Because I intend to exercise my strong will over yours – yours is just now weakened by sorrow.” (‘RB’ 552)

In her fiction, Meade has clearly separated the healing power of suggestion from the mysticism of hypnotism and the trance state just as Bernheim, Forel, Moll and Lloyd Tuckey were trying to do in their experimental and theoretical writings. In the short story, hypnotism is linked to a rupture of the social order with the hypnotist, an immoral, sinister scoundrel. Conversely, suggestion can be used to restore order and is used by a highly ethical professional. Bernheim had already suggested that hypnotism was merely a heightened form of suggestibility and thus waking, therapeutic suggestion was possible: ‘hypnotism does not really create a new condition: there is nothing in induced sleep which may not occur in the

³⁸³ Illustration by Gordon Browne in Meade and Halifax, ‘The Red Bracelet’ (p. 550).

waking condition.³⁸⁴ Though these physicians were not the first to consider and attempt this separation, the logic was sound.³⁸⁵ If the important therapeutic aspect of hypnosis was the suggestion, then why not dispense with the trance and all its troublesome associations altogether?

Later in the story, the supernatural and magical qualities of hypnosis are reflected in Molly's strange ability to locate her bracelet despite her blindness. The bracelet symbolises her hypnotic link to Winchester and when it is stolen, she sleepwalks to regain it. On one occasion, she is able to find it hidden in her mother's wardrobe. On another she even leaves the house to walk barefoot down the gravel drive to remove it from a gypsy baby's wrist at the lodge-keeper's house. She looks every inch the somnambule: sleepwalking in her white nightgown. Molly later describes the sensation as if a light is pointing to the bracelet that she can see and follow.



Figure 7: Molly sleepwalking³⁸⁶

As if to further emphasise the split of suggestion from mesmerism and hypnotism which had been used historically for anaesthesia, Halifax goes on to operate on Molly using a physical medicine, the highly novel agent of cocaine as a local anaesthetic despite Molly's clear suggestibility, demonstrating the triumph of the scientific as well as moral doctor. He cures her of her blindness by removing a thick membrane from the front of her eye and so breaks the hypnotic hold of Winchester. Halifax hypothesises that her blindness had exaggerated Molly's

³⁸⁴ Bernheim, *Suggestive Therapeutics* (p. 179).

³⁸⁵ As previously described Braid was very much aware of the role of suggestion in hypnotic phenomena though he did not make use of this term in his early writings. One of the first to make the link explicit was the physiologist William Carpenter. (William Carpenter, 'On the Influence of Suggestion Modifying and Directing Muscular Movement, Independently of Volition.' Proceedings, Royal Institution of Great Britain (1852) (pp. 147–53).

³⁸⁶ Illustration by Gordon Browne in Meade and Halifax, 'The Red Bracelet' (p. 554).

suggestibility and thus Winchester's influence. Later, Winchester returns to claim his bride but is bemused that she rejects him now that her vision is restored. Halifax receives the coral red bracelet as a gift from the grateful parents for a job well done and the implied moral norms are restored.

Basil Winchester is later found and arrested for fraud as he did not pay his hotel bills. Despite his Anglo-Saxon name, he is clearly depicted in the accompanying pictures as an Eastern European Jew (see below) demonstrating the rapid spread and fixity of the hypnotic Jewish Svengali archetype from du Maurier's self-penned sketches in the magazine serialisation and first editions of *Trilby*, published only the year before in 1894.³⁸⁷



Figure 8: The Apprehension of Winchester



Figure 9: The similarities between Basil Winchester and Svengali³⁸⁸

³⁸⁷ du Maurier, *Trilby*. Coincidentally this visual shorthand will later conflate with that of the psychiatrist archetype as a result of another Eastern European Jew: Sigmund Freud.

³⁸⁸ Anonymous illustration in Meade and Halifax, 'The Red Bracelet' (p.561) and George du Maurier's own illustration in *Trilby*. du Maurier, *Trilby* (2003) (p. 381).

4.3.2 Meade's Later Hypnotism

In 1895, W.L. Alden, the London-based, American-born literary critic of the *Idler* magazine confidently predicted the imminent demise of hypnotism fiction.³⁸⁹ The *Idler* was another late Victorian monthly periodical catering to the newly literate middle class offering mainly comic pieces and sensational fiction but also light poetry and travel-writing. It had been established in 1892 by the authors Robert Barr and Jerome K. Jerome. 'The Book Hunter' column was idiosyncratic and quite personal: over several pages every month, Alden expressed his own fictional interests and pet peeves. He argued that although Conan Doyle's recent novelette, *The Parasite* was 'clever and interesting', Doyle was 'just in time' with his story.³⁹⁰ He proposed that outside of fiction, hypnotism could not compel people to do objectionable things and so the story form would become obsolete very soon. Alden was suggesting that the scientific developments in the understanding of hypnotism were leading to the debunking of myths such as automatic obedience and views of hypnotism as a kind of slavery. A close reading of Conan Doyle's *The Parasite* follows in the next section.³⁹¹

Alden was both right and wrong in his prediction about hypnotic fictions. While the hypnotic fictions did dwindle after 1895, they did not disappear altogether. In Meade's later novels and serialisations, the power of hypnotism is not explored as closely as it was in her medical tales. In 'The Brotherhood of the Seven Kings' series, Madame Koluchy, the arch-villainess, uses her role as a successful Society healer and hypnotist to inveigle her way into some of the highest households in the land.³⁹² Once there she can make use of her powers to entrance her hosts and enact the Machiavellian plots of the Brotherhood of the Seven Kings. Significantly, her adversary is Norman Head, a physiologist and therefore materialist whose independent wealth means that he does not have to practice as a doctor though he behaves throughout as the consummate professional. The cat-and-mouse relationship and its reversals are reminiscent of Sherlock Holmes and Moriarty. Koluchy's end is as dramatic as Moriarty's, self-immolated at 2400 °C in her own blast furnace.

³⁸⁹ W. L. Alden, 'The Book Hunter', *Idler*, 7 (May 1895) (p. 567).

³⁹⁰ Doyle, *Parasite* (1894); Alden, 'Book Hunter' (p. 567).

³⁹¹ Doyle, 'The Parasite' in *The Parasite and The Watter's Mou* ed. by Catherine Wynne (pp. 1-47). Hereafter 'TP'.

³⁹² Meade and Eustace, 'The Brotherhood'.

For Meade as for many other writers, hypnotism had become a well-established trope and convenient plot device. Perhaps its literary characteristics had by now been fixed and there was no need for further fictional play outside the gothic and other genres. The hypnotists themselves became universally malign and their ability to influence others a manifestation of their power, cunning and dangerousness. By the 1890s the positive depictions of hypnotism exemplified by Marie Corelli's mystical self-development tale *The Romance of Two Worlds* were mostly replaced by negative ones particularly after the publication of *Trilby* and *Dracula*.³⁹³ However, even in these novels, which were influential in the short and longer term respectively, the portrayal is less stereotyped than later stories. Svengali in the novel is not entirely unsympathetically drawn. He is more of a comic character, a parody of a degenerate Jew rather than a sinister monster with supernatural powers. And while Count Dracula is undoubtedly a monstrous creation, whose inherent hypnotic powers are inescapable, Stoker shows that his evil plans can only be thwarted by Van Helsing's familiarity with hypnotism and metaphysics. As the new hypnotists had stated in their justification of their use of the new technology, it was not hypnotism that was not powerful and potentially dangerous, it was who was using it and to what end.

Meade's work illustrates a number of important points. Most broadly, 'The Red Bracelet' supports Lloyd Tuckey's contention that 'the risks of hypnotism [or suggestion] in proper [medical] hands are infinitesimal' while 'its use by the ignorant or ill-disposed is fraught with most serious risk to health.'³⁹⁴ The professionalism of Halifax is an adequate protection for his patients and his powers of suggestion are greater than those of a criminal layman.

Over time Meade's uncanny knack for channelling contemporary events and concerns into a wide range of narrative forms and genres over such a long period means that her hypnotic work can be used as a barometer for popular opinion. In 'RB', a medical mystery rather than gothic short-story, she reflected incredibly nuanced changes in scientific thinking: the change from imagination to suggestion as the mode of action for hypnotism. This in turn aids the acceptance of the ideas of Lloyd Tuckey and his colleagues, both with the general public and the non-specialist medical practitioners. The concepts of hypnotism and the trance state are not fixed but evolve over time both in reality and in the imagination. The belief system of the hypnotised subtly alters the definition of hypnotism. And the belief

³⁹³ Corelli, *Two Worlds*.

³⁹⁴ CLT, *Psycho-Therapeutics* 3rd ed. (1891) (p. 99).

systems themselves are influenced by fictional representations. This looping process is very close to the idea of Hacking described in the first part of the chapter.

Meade's short stories also demonstrate the relatively short period during which hypnotism could be a central aspect of plot and its intricacies explored fictionally. Very quickly, the trope of fictional or imaginary hypnotism becomes fixed again. Hypnotism returns to its mid-Victorian role as a convenient plot device. In the popular imagination the power of hypnotism (even mediated by suggestion) is so great that only a villain would use it. It returns to the preserve of the manipulator, the fiend or monster.

4.4 Societal Anxiety and *The Parasite* (1894)

Arthur Conan Doyle's *The Parasite* is a classic, late Victorian gothic novella with a plot revolving around hypnotism that makes full use of the conventions of the genre and the mesmeric tropes such as loss of self-agency, covert sexual motivation and automatic obedience. Conan Doyle was a medical practitioner, spiritualist and, like Lloyd Tuckey, a member of the SPR and so ideally placed to create a narrative on the newly fashionable subject. He was clearly fascinated by hypnotism and wrote many short stories with spiritualistic and occult themes over his long and prolific career. In later life, his position as a national treasure gave him something of a platform to broadcast his views which he was happy to utilise even though he was aware that in the case of spiritualism and the photographs of the Cottingley fairies, these made him a figure of ridicule to some.

'TP' is his arguably one of Doyle's more memorable and powerful gothic tales and despite its short form and weak ending there have been two cinematic adaptations.³⁹⁵ I will examine it because it clearly illustrates the existing cultural fears about hypnotism that Lloyd Tuckey needed to correct or explain away. Doyle's artistry lies in articulating in the form of a story the variety and scale of the British public's fears about the technique. Like many of his stories in this genre, it appears to be deeply ambivalent: cautioning against the investigation of hypnotism while simultaneously demonstrating its power. Many scholars and biographers have linked this aspect of Doyle's work to his conflicted relationship with spiritualism throughout his life.³⁹⁶ In his gothic fiction, the avowed sceptics and materialists either come to a sticky end or at the very least are forced by their experiences to reconsider their scepticism.

Doyle's interest in spiritualism and his dissatisfaction with the scientific materialism that he learned at Edinburgh medical school, seems to date from his time in a Portsmouth suburb where he had embarked on a career in general practice between 1883 and 1890. He recalls in his autobiography that:

It was in these years after my marriage and before leaving Southsea that I planted the first seeds of those psychic studies which were destined to revolutionize my views and to absorb finally all the energies of my life... As

³⁹⁵ Andy Froemke, '*The Parasite*', (1997) U.S. ArchImage Studio, Film; Adam Zanzie, *The Parasite*', (2015) U.S. privately released, Film.

³⁹⁶ Kelvin Jones, *Conan Doyle and The Spirits, The Spiritualist Career of Arthur Conan Doyle* (London: Thorson's, 1989); Douglas Kerr, *Conan Doyle, Writing, Profession and Practice* (Oxford: Oxford University Press, 2013).

I have shown, my own position was that of a respectful materialist who entirely admitted a great central intelligent cause, without being able to distinguish what that cause was, or why it should work in so mysterious and terrible a way in bringing its designs to fulfilment.³⁹⁷

He dabbled with spiritualist ‘table-turning’ seances with his new wife, Louise ‘Touie’ Hawkins, and her friends but was initially disappointed by the results. It seems likely that he kept abreast of the developments in mesmerism and telepathy which were being published in the medical and gentleman’s journals, since he wrote two mesmeric short stories around this time in ‘John Barrington Cowles’ (1884) and ‘The Great Keinplatz Experiment’ (1885).³⁹⁸ Both are set in universities, the former is an effective horror story with mesmeric power shown to be occult and dangerous while the latter is a much lighter, comic tale, which satirises scientific attempts to approach mesmerism and mind transfer. Given that he was increasingly filling his leisure time with just this type of scientific methodology to examine spiritualism further demonstrates Doyle’s complex relationship with both spiritualism and science.

Like most Victorian men, Doyle liked his clubs and was member of many. In Southsea he joined the Portsmouth Literary and Scientific Society where he met two men who were to have a profound effect on him, Alfred Drayson and Henry Ball. In his autobiography *Memories and Adventures*, Doyle describes the formidable chairman of his local club, Major-General Drayson, as ‘a very distinguished thinker and a pioneer of psychic knowledge’, who ‘will make a great permanent name.’³⁹⁹ Drayson was a spiritualist, a Theosophist and member of the SPR. Drayson was to encourage Doyle’s mystical and psychical studies both theoretically and practically. Doyle went on to attend twenty seances with the Major-General’s family but never found the conclusive evidence that he wanted to convince himself. However, this was to change in 1887 after his introduction to the architect, Henry Ball, with whom he practised a series of more successful experiments in telepathy at home:

³⁹⁷ Arthur Conan Doyle, ‘Pulling Up the Anchor’, Ch. 9 in *Memories and Adventures* (Oxford: Oxford University Press, 1989) pp. 82-93 (p. 82).

³⁹⁸ Originally published in two instalments in *Cassell’s Saturday Journal* it was later published in single volume form. Arthur Conan Doyle, ‘John Barrington Cowles’ *Cassell’s Saturday Journal*, 1 (12 and 19th April 1884); Arthur Conan Doyle, ‘John Barrington Cowles’ in *Arthur Conan Doyle Gothic Tales* (Oxford: Oxford University Press, 2016) (pp. 91-112). Hereafter ‘JBC’; Arthur Conan Doyle ‘The Great Keinplatz Experiment’, *Belgravia Magazine* (July 1885) (pp. 52-65) and in *The Best Supernatural Tales of Arthur Conan Doyle* (New York: Dover, 2016) (pp. 148-66).

³⁹⁹ Doyle, *Memories and Adventure*. (p. 85).

Again and again, sitting behind him, I have drawn diagrams, and he in turn has made approximately the same figure. I showed beyond any doubt whatever that I could convey my thought without words.⁴⁰⁰

Over his time in Southsea, Doyle lost his certainty in scientific materialism and grew more interested in spiritualism and psychic potential. After further telepathic experiences with Ball, including a sitting with a professional medium named Horstead, he wrote a letter to the spiritualist weekly periodical, *Light* describing his experiences as evidence that ‘intelligence could exist apart from the body’ and used his own name.⁴⁰¹ He had previously voiced these ideas in 1885 in ‘The Great Keinplatz Experiment’, through the character of Professor von Baumgarten: ‘it is evident that under certain conditions the soul or mind does separate itself from the body.’⁴⁰² However, he did not publicly announce himself as a committed spiritualist till 1916, during the second wave of spiritualism that followed the massive loss of life caused by the Great War.

Given that his form of spiritualism required scientific proof, his obvious familiarity with the scientific literature of psychic phenomena from Charcot to Barrett and F.W.H. Myers, it was not surprising that Conan Doyle became a member of the SPR. According to Myers’ biographer Trevor Hamilton, Myers had written directly to Conan Doyle after his letter appeared in *Light* urging him to help the society with its work, since they needed doctors who were trained to assess evidence carefully.⁴⁰³ In November 1893, he joined the London-based society. He was one of several medical practitioners in the SPR like Lloyd Tuckey and Milne Bramwell who considered themselves to be both rational medical scientists and psychic experimenters and saw no contradiction in this. Two months after joining and apparently influenced by a lengthy address by Gerald Balfour about hypnotism, which was included in the January 1894 edition of *Proceedings of the SPR*, he started work on *The Parasite*.⁴⁰⁴

Doyle was subsequently unhappy with the work and tried to suppress it later in his career. It was only reprinted twice in his lifetime and only once in the US. Doyle also removed from it his anthologies and from the list of his previous publications in his later books and short story collections. Critics have speculated that this might

⁴⁰⁰ Doyle, *Memories and Adventure* (p. 84).

⁴⁰¹ Arthur Conan Doyle, ‘A Test Message’ *Light*, 2 July, 1887 (p. 303).

⁴⁰² Arthur Conan Doyle, ‘The Great Keinplatz Experiment’ in *The Best Supernatural Tales of Arthur Conan Doyle* (New York: Dover, 1979) pp. 148-66 (p. 151).

⁴⁰³ Hamilton, *Immortal Longings* (p. 74).

⁴⁰⁴ Gerald Balfour, ‘Presidential Address’, *Proceedings of the SPR* 2 (1894) (pp. 2-13).

relate to its negative handling of hypnotism which he came to re-evaluate as he became more interested in spiritualism though this ignores the fact that he had already joined the SPR, specifically because of his interest in telepathy and hypnotism. Alternatively, it seems more likely that he wanted to distance himself from its thinly veiled sexual themes. Anne Cranny-Francis interpreted the story as demonstrating Doyle's sexual frustration.⁴⁰⁵ Sexual relations between Doyle and his wife would have been forbidden after the diagnosis of tuberculosis which Touie had received in 1893.

I have described *The Parasite* as a gothic text. The gothic mode is notoriously hard to define but the genre seems to work at a symbolic or dream level and speaks to early taboos and primitive ways of understanding the world. Little wonder that Freud's essay on *The Uncanny* is so frequently cited in gothic criticism and psychoanalytic thinking was eagerly taken up by early critics to interrogate it.⁴⁰⁶ Within gothic narratives, magical thinking is real and the integrity of the mind is under threat. Another feature that Luckhurst observes is that the gothic is 'obsessed with policing borders' of normality, repeatedly staging gratuitous transgressions and demonstrating that those who stray will be richly punished.⁴⁰⁷ In this way it can be seen as simultaneously subversive and reactionary.

Mesmerism, like dreams and drugs, challenged the integrity of the mind and the gothic had previously enjoyed a long and productive association with the technology in the novels of Bulwer-Lytton, Wilkie Collins and short stories of Edgar Allan Poe. The resurgence of interest in the new hypnotism led to the abundance of the predictable gothic-styled writings that the critics Alden and Quiller-Couch both derided.⁴⁰⁸ It could be argued that the gothic revival of the late Victorian period owed much to the increasing interest in psychology both by novelists and scientists. The classic gothic texts of the time from *Dracula* to *The Strange Case of Dr Jekyll and Mr Hyde* make use of the emerging and fringe sciences to suggest modernity, only to subvert and critique these new knowledge bases.

⁴⁰⁵ Anne Cranny-Francis, 'Arthur Conan Doyle's *The Parasite*: The Case of the Anguished Author' in *Nineteenth-century Suspense from Poe to Conan Doyle*, ed. by Clive Bloom and others (Basingstoke: Macmillan, 1988) pp. 93-106 (p. 105).

⁴⁰⁶ Sigmund Freud, 'The Uncanny' in *The Uncanny* (London: Penguin Modern Classic, 2003) (pp. 121-62).

⁴⁰⁷ Roger Luckhurst, 'Introduction' in *Late Victorian Gothic Tales* (Oxford: Oxford University Press, 2009) (p. xii).

⁴⁰⁸ Arthur Quiller Couch, 'A Literary Causerie: Hypnotic Fiction', *Speaker* (14 September 1895) (p. 316).

The gothic and horror genres are the places where cultures play out their fears and are good places to look at the emerging societal concerns about the new technology of hypnotism which was maybe not so different from mesmerism. As the horror critic Theresa Goddu has it:

If the gothic is the repository for cultural anxieties, then the specific form and site of its conventions have much to say about its cultural effects [...] Local contingency governs possible readings of the gothic and its cultural resonances.⁴⁰⁹

In the case of hypnotism, the fear is that of losing personal control to another's will. From the international depictions of hypnotism, this appears to be a universal fear.⁴¹⁰ Lloyd Tuckey addressed this fear directly in the majority of his work and within *Psycho-Therapeutics*. He described it as a fiction which came from magic shows and mesmeric lectures and recommends a lighter hypnotic state be used for therapy:

Apprehension of danger rests very frequently upon the conception that loss of volition and amnesia are ordinary accompaniments of medical hypnotism. Such an idea arises from witnessing public performances, and it is difficult to eradicate. The physician who employs hypnotism as a remedial agent [does not] seek to obtain somnambulism (in which state alone the patient's memory and will-power are seriously affected).⁴¹¹

4.4.1 Hypnotism and the Will

The idea of will was a crucial Victorian concept. Individual wills were self-evident entities to the Victorians. The Queen's counsel and legal writer, James Stephen explained it this way: 'Every human creature attaches to the words "to will", or their equivalents as vivid a meaning as every man with eyes attaches to the words "to see."'⁴¹²

In his book *Victorian Will*, the literary critic John Reed has usefully separated the three different aspects of will in the nineteenth century.⁴¹³ He separates out 'free will' (as distinct from determinism), 'volition' (the agency to initiate action) and

⁴⁰⁹ Teresa Goddu, 'Vampire Gothic', *American Literary History*, 11 (Spring 1999) (p. 126).

⁴¹⁰ Deirdre Barrett, 'Hypnosis in Film and Television', *American Journal of Clinical Hypnosis*, 49 (2006) (pp. 13-30).

⁴¹¹ CLT, *Psycho-Therapeutics* 3rd ed. (1891) (p. 103).

⁴¹² James Stephen, *A General View of the Criminal Law of England* (London: Macmillan, 1863) (p. 73).

⁴¹³ John Reed, *Victorian Will* (Athens: Ohio University Press, 1989) (p. ix).

‘strength of will’ (as a character trait of self-control and determination). The last two concepts are frequently blurred in mesmeric and hypnotic fictions, as one’s strength of will reduces one’s chances of losing volition and self-agency through hypnotism. There is the additional aspect of influencing the external world through force of will which Reed touches on in his chapter which links Christian progress to the will. This idea of the mind directly influencing the material world links with the magical thinking and beliefs of the occultists and anti-materialists:

Because Christian values continued to influence much thinking about progress, the familiar paradox as self-suppression as a means to self-fulfilment found expression in theories of progress as well. In England, a substantial body of opinion concluded that the modern Christian Englishman stood at the pinnacle of progress because he represented the highest development of will.⁴¹⁴

Continuing on the theme of will and progress, the Victorian journalist and essayist, Walter Bagehot, wrote in his 1872 essay, ‘Physics and Politics’, that the British were the most advanced nation because they had achieved power over nature and themselves and were thus morally superior. This finds an echo in Rider Haggard’s 1887 follow up novel to *King Solomon’s Mines*, *Allan Quatermain* whose author and hero believe that ‘the highest rank that can be reached upon this earth’ is that of an English gentleman.⁴¹⁵ Bagehot also proposed that this high point of civilisation that had been reached was the result of a morality of self-restraint. It was the Englishman’s ability to assert his will over his impulses and instincts that led him to his lofty position.⁴¹⁶ In other words, one of the reasons for the success of the British Empire was English will power.

This perhaps explains the number of hypnotic narratives in the 1890s in which the hypnotist is foreign. The worries about the declining state of the British Empire become symbolised to a battle of wills between English men and women and foreign villains. Perhaps most memorably, these include the Transylvanian *Dracula* (1897), Richard Marsh’s villainous *Beetle* (1897) is from Egypt and Svengali from *Trilby* (1894) who is both Polish and Jewish. In *The Parasite*, the hypnotist Miss Penelosa, is Trinidadian. The critic Steven Arata has described the fear of geopolitical decline represented as the empire’s hub becoming invaded from

⁴¹⁴ Reed, *Victorian Will* (pp. 83-4).

⁴¹⁵ H. Rider Haggard, *King Solomon’s Mines* (Oxford: Oxford University Press, 2016); H. Rider Haggard, *Allan Quatermain*, (London, Longman, Green’s, 1887) (p. 276). See also the original introductory dedication to Rider Haggard’s son.

⁴¹⁶ Walter Bagehot, ‘Physics and Politics’, Ch 14 in *The Works and Life of Walter Bagehot*, ed. by Mrs Russell Barrington (London: Longman’s Green, 1915) (p. 52).

beyond its periphery as 'reverse colonization'.⁴¹⁷ These fin-de-siècle fears also surfaced in fictions of physical invasion like *War of the Worlds* and *The Yellow Danger* as well as the psychological thrall of the hypnotic stories.⁴¹⁸

If strength of will and self-control were linked to both English maleness and a successful empire, then the loss of will and self-mastery was associated with madness and femininity. Victorian clerics and physicians like Reverend John Barlow and Henry Maudsley saw the exercise of self-control as fundamental to sanity. In his Royal Institution lecture of 1843, Barlow expressed his opinion in this way:

Should my position that the difference between sanity and insanity consists in the degree of self-control exercised, appear paradoxical to any one, let him know for a short time the thoughts that pass through his mind, and the feelings that agitate him: and he will find that were they all expressed and indulged, they would be as wild, and perhaps as frightful in their consequences as those of any madman. But the man of strong mind represses them, and seeks fresh impressions from without if he finds that aid needful: the man of weak mind yields to them and he is insane.⁴¹⁹

Writing over 30 years later, the eminent and influential psychiatrist, Maudsley's views appear to draw from the same moral perspective of mental illness and read very similarly. Although he is an organicist (that is the brain is the site of the mind), he views the loss of moral control as the first sign of mental illness:

The last acquired faculty in the progress of human evolution, it is the first to suffer when disease invades the mental organization. One of the first symptoms of insanity – one which declares itself before there is any intellectual derangement, before the person's friends suspect even that he is becoming insane – it is a deadening or complete perversion of the moral sense. In extreme cases it is observed that the modest man becomes presumptuous and exacting, the chaste man lewd and obscene.⁴²⁰

Like the French neurologist, Charcot and the Salpêtrière school, Maudsley believed that only hysterics and neurotics could be hypnotised. He devoted an entire chapter to hypnotism in his textbook of psychopathology, *Pathology of the*

⁴¹⁷ Stephen Arata, 'The Occidental Tourist: "Dracula" and the Anxiety of Reverse Colonization', *Victorian Studies*, 33 (1990) 621-45 (p. 623).

⁴¹⁸ H.G. Wells, *War of the Worlds* (London: Heinemann, 1898); M.P. Shiel, *The Yellow Danger* (London: Grant Richards, 1898).

⁴¹⁹ John Barlow, *On Man's Power over Himself to Prevent or Control Insanity* (London: William Pickering, 1843) (p. 44) qtd. in Jenny Bourne Taylor and Sally Shuttleworth, *Embodied Selves: An Anthology of Psychological Texts* (Oxford: Clarendon Press, 1998) (p. 245).

⁴²⁰ Henry Maudsley, *Responsibility and Mental Disease* (London: King, 1874) (p. 67).

Mind.⁴²¹ He asserted that those with hysteria and neurosis were more susceptible to hypnotism because they had a hereditary predisposition to insanity. This tied in with his worry about degeneration, he believed like many including Max Nordau that there was a rising rate of neurosis and hysteria among civilised people which could lead to societal decline.⁴²² The other view that he shared with Charcot was that women were highly suggestible since they were the weaker sex and more biologically prone to neurosis and hysteria.

Moving on to the text of 'TP', the materialist professor of physiology, Austin Gilroy is invited to the home of a colleague to witness the hypnotic expertise of Miss Penelosa. There is the strange blurring of the domestic séance, social entertainment and scientific experimentation that is the hallmark of hypnotism and psychic research at this time. Despite Gilroy's scepticism, he becomes convinced of the genuine power of hypnotism when his fiancée, Agatha Marden, not only acts out Penelosa's hypnotic commands in front of them but the following day under post-hypnotic suggestion breaks off her engagement to Gilroy. Agatha later denies any memory of the act. In order to learn more about the scientific possibilities of hypnotism, Gilroy allows himself to be hypnotised repeatedly by Penelosa, initially in company but later alone. It is then that he discovers her romantic attraction to him. However, when he spurns her advances, she takes deliberate and sustained revenge on him. Through her hypnotic mastery she ensures that he is humiliated: he assaults a friend and loses his academic position. At the novella's climax, Penelosa tries to get back at her love rival, Agatha, by having Gilroy attempt to kill his fiancé with sulphuric acid. Agatha is only spared from her grisly fate by the untimely and unexpected (if rather convenient) death of Penelosa herself.

⁴²¹ Henry Maudsley, 'Hypnotism' in *Pathology of Mind* (London: Macmillan, 1867). (pp. 50-83).

⁴²² *Degeneration* was the name of Nordau's most famous work. The Austrian physician and journalist used the term to convey both a specific form of mental illness and the decline of Western civilisation. The concept has been taken up by critics of the late Victorian era to encapsulate a range of prevailing moral, social and scientific concerns; Max Nordau, *Degeneration* (London: William Heinemann, 1895).

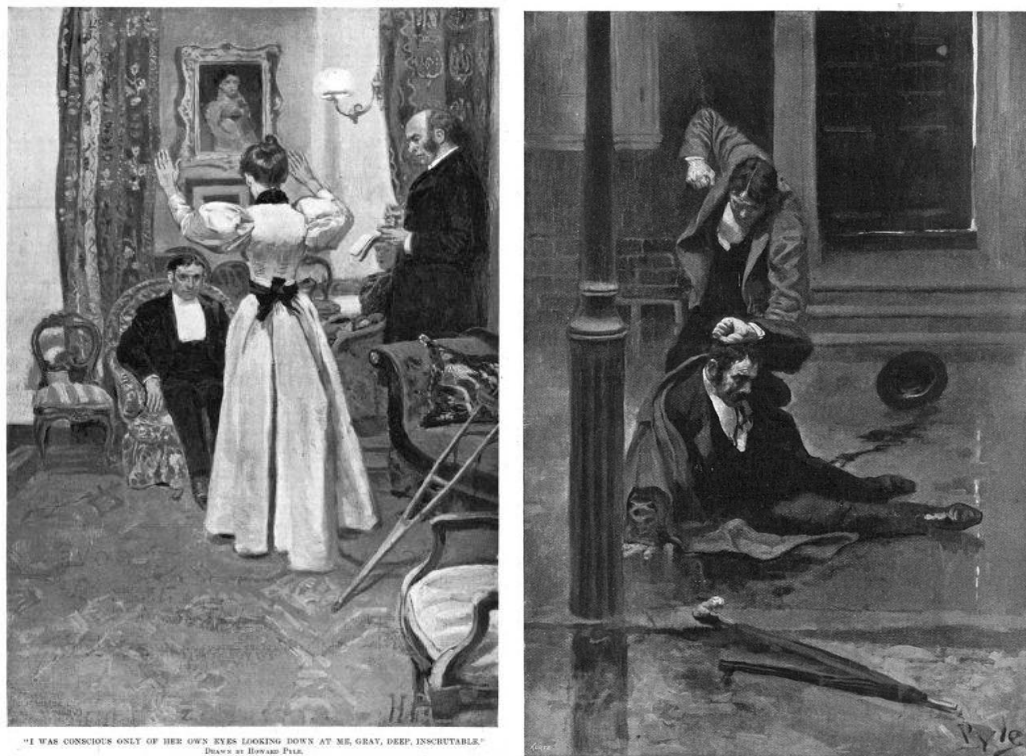


Figure 11: Miss Penelosa hypnotises Professor Gilroy; and a hypnotised Gilroy assaults his friend, Charles Sadler⁴²³

4.4.2 Late Gothic Mesmerism

Doyle subtitled *The Parasite* as 'a mesmeric and hypnotic mystery.' His conflation of mesmerism and hypnotic was deliberate. His scientific and professional interest in hypnotism meant that he was aware that the only commonality between mesmerism and hypnotism was the trance state but he knew very well that the two practices were blurred in the public mind. In gothic stories the concepts of mesmerism and hypnotism are frequently conflated: the modern aspects of hypnotism dragged back to the past by the mystical and sinister features of mesmerism.

In 1884, Doyle had written a similar mesmerism-themed short story entitled 'John Barrington Cowles'. Over the intervening time there had been many changes in the public understanding and attitude. The Doyle scholar, Catherine Wynne has

⁴²³ Pyle drew four sketches for the story which appeared in the U.S. first edition and in the *Harper's Weekly* journal. Howard Pyle, Illustrations for *The Parasite*, (New York: Harper and Brothers, 1895) (Frontispiece and p. 128).

critically examined these two novellas in relation to similarities but the differences are also instructive.⁴²⁴

Both 'JBC' and 'TP' are unorthodox hypnotic fictions, in subverting the usual gender power balance by featuring a dominant female hypnotist and a submissive male subject. However, in order to achieve this both John Cowles and Austin Gilroy are feminised in the narrative. Cowles is unusually intimate with the male narrator of the short story, confiding 'in a manner which is rare among men' ('JBC' 91). He is described as Mediterranean-looking:

a tall slim young fellow, with an olive Velasquez-like [sic] face and dark tender eyes [...] His expression was, as a rule, dreamy and even languid; but if in conversation a subject arose which interested him, he would be all animation in a moment. On such occasions his colour would heighten, [and] his eyes gleam ('JBC' 91-2)

In 'TP', Gilroy, writing in the first person, describes his appearance to be similar to Cowles: black hair and dark eyes, a thin olive face and tapering fingers. He also describes his change of temperament to be the result of his education, growing from a 'nervous sensitive boy, a dreamer, a somnambulist, full of impressions and intuitions' ('TP' 5) to a 'rank' materialist adult. However, he makes it clear that his physical features and previous temperament mark him a 'highly psychic man' which carries both possible contemporary meanings of intellectualism and spiritual sensitivity. These features also mark him as susceptible to hypnotism as the northern Europeans viewed the southern Europeans as highly suggestible.

In both stories the victims are medical, one a professor of physiology at an unnamed medical school and the other a medical student in Edinburgh (like Conan Doyle himself). As a result of their mesmeric and hypnotic entanglement, both men are destroyed. Cowles takes his own life and Gilroy loses his reputation and professional standing (like the infamous Elliotson). Through their roles, they represent not only a kind of medical materialism of which Doyle disapproved but also medical orthodoxy and the recently acquired and hard-won respectability. Hypnotism, it seems, had the power to destabilise and penetrate even these apparently solid institutions.

Doyle skilfully creates incidents of building humiliation and cumulative degradation for Gilroy as the consequence of his promethean ambition. He is

⁴²⁴ Catherine Wynne, 'Arthur Conan Doyle's Domestic Desires', Ch. 11 in *Literary Mesmerism*, ed. by Willis and Wynne (pp. 223-43).

repeatedly tormented by Penelosa for meddling with forces that he does not understand. Particularly memorable is his first-person description of the youthful professor Gilroy recalling with a shudder his mesmeric amorous encounter with the elderly Penelosa, which resurrects the old fear that the intimacy of mesmeric rapport can be indistinguishable from erotic love:

She smiled at me and pointed to a stool beside her. It was with her left hand that she pointed, and I, running eagerly forward, seized it – I loathe myself as I think of it – and pressed it passionately to my lips. [...] She lay quietly looking down at me with imperious eyes and her provocative smile. Once I remember that she passed her hand over my hair as one would caress a dog. And it gave me pleasure, the caress. I thrilled under it. I was her slave, body and soul, and for the moment I rejoiced in my slavery. ('TP' 31)

In keeping with gothic conventions both Miss Penelosa and Kate Northcott use their mesmeric power for sinister ends. Like the gothic vampires, they are alien and other: both of them simultaneously attractive and repulsive in their alterity. While Northcott is young and breath-takingly beautiful, she is morally and sexually dangerous and has previous lovers who have taken their lives. Miss Penelosa, on the other hand is over forty, dark-skinned, small and frail and walks with a stick. This makes Gilroy's hypnotically induced desire for her, all the more disturbing for him: 'She is far older than me, and a cripple'. ('TP' 21)

Conventionally for the genre, her striking eyes are described in detail. Penelosa's eyes are grey-green and 'furtive', 'fierce' and 'feline' ('TP' 7). Animal similes abound. Gilroy is like a spaniel or terrier in his obedience. Later, as Gilroy comes to know of her attempts to possess him, mesmerically and in love, Penelosa is compared to a hermit crab that can pick up and drop shells at will. She is described as 'scarcely human' and as a 'loathsome parasite' ('TP' 36). In another gender inversion from the conventional gothic, it is Gilroy who becomes weak, enervated and neurotic while he is under the thrall of the parasitic, psychic vampire. He complains about his nervous tension and even his fiancé recognises that he has become 'thinner and darker under the eyes' ('TP' 20) and 'pale and worn' ('TP' 27). The male physician has developed the symptoms of neurasthenia, the medical condition of the marginalised and impotent woman.

The psychic vampire variant was a relatively new fictional and occult creation. These were people, not monsters who did not need to drink other's blood in order to give them energy, they could directly recharge themselves by draining other's life force mesmerically. They were initially fictional characters appearing first in

Charles Webber's *Spiritual Vampirism*.⁴²⁵ The book reflected the occult and mystic knowledge of its time and the mechanism for energy transfer described was a hybrid of mesmeric ideas and von Reichenbach's theory of odic or odylic force. However, these fictions were soon recycled and found their way back into occult writings. Writing in her Theosophist journal *Lucifer* in 1890, Madame Blavatsky mentioned psychic vampirism during an essay on hypnotism.⁴²⁶ She described the loss of vitality occurring through an 'occult osmosis', an interesting and recurring use of a scientific analogy for a non-materialist process. The psychic vampires then reappeared in fiction due to the topicality of hypnotism at that time. They can be found in stories such as the physician and author, Arabella Kenealy's 'A Beautiful Vampire' (1896), Florence Marryat's *The Blood of the Vampire* (1897) and the hybrid medical tale, *The Master of his Fate* (1890) by J. McLaren Cobban.⁴²⁷

Doyle's ambivalent fascination with dominating women is clear in the creations of the Trinidadian, Miss Penelosa and the placeless, 'cosmopolitan' *femme fatale* Kate Northcott whose passing conversation with young men includes:

"Supposing that every time a man misbehaved himself a gigantic hand were to seize him, and he were lashed with a whip until he fainted"—she clenched her white fingers as she spoke and cut out viciously with the dog-whip... ('JBC' 98-99)

Their place of origin is important because these are narratives of reverse colonisation. The periphery of the empire has returned to the centre to destroy it. The national strength of will that is required to ensure the endurance of the empire is being overwhelmed by the foreign infiltrators with greater wills. Like Jonathan Harker in *Dracula*, Professor Gilroy, the emasculated middle-class representative of empire is found to be inadequate.

Moving on to look at the differences between stories, in 'JBC', the dramatic scene of the hypnotic encounter, in which we learn the true extent of Northcott's power, takes place in a theatre. Northcott demonstrates her strength of will by preventing her fiancé John Cowles from acting out the commands of the stage mesmerist Dr. Messinger. In 'TP', the setting for the hypnotism has moved from the stage to the

⁴²⁵ Charles Webber, *Spiritual Vampirism: The History of Etherial Softdown and her Friends of the "New Light"* (Philadelphia: Lippincott Grambo, 1853).

⁴²⁶ Helena Blavatsky, *Collected Writings* Vol. 12 (Wheaton, IL: Theosophical Publishing House, 1980) (pp. 396-7).

⁴²⁷ Arabella Kenealy, 'A Beautiful Vampire', *Ludgate Magazine* 3 (1896) (pp. 35-6); Florence Marryat, *The Blood of the Vampire* (London: Hutchinson, 1897); J. McLaren Cobban, *The Master of his Fate* (Edinburgh: William Blackwood, 1890).

parlour/laboratory, just as the interest in spiritualism had led to domestic seances with hypnotised mediums. Hypnotism had shifted from the public to the private and was more dangerous as a result. Wynne writes of Doyle's fear of the invasion of the home and 'home of knowledge' (which means the university city, most likely Cambridge) ('TP' 39) by mesmerism and its upsetting of the domestic order and 'challenge to the boundaries of medical orthodoxy.'⁴²⁸

Another difference between the stories is the scientific standing of mesmerism or hypnotism as it has become in the intervening ten years. In 'JBC', the mesmeric stage show is an entertainment and the mesmerist, Messinger, is described as the soundest authority on 'the strange *pseudoscience* [my emphasis] of animal magnetism and electro-biology' ('JBC'103). However, ten years later, in *The Parasite* hypnotism has been legitimised sufficiently that it is academic professors of psychology and physiology who are now investigating the phenomenon. Gilroy describes the work as 'trying to dig the foundations for a science of the future' though keeps his scepticism and remains wary of 'charlatanry and hysteria' ('TP' 4). Doyle's depiction of the quotidian and initially mundane scientific investigation of hypnotism is a clear representation of his own experiments and the work of the SPR and the hypnotism committee under Lloyd Tuckey. While the actual name of 'our sleepy little town' ('TP' 40), the location of the events, is never mentioned, the presence of a medical faculty, the apparatus of university and the descriptions of the fertile local countryside all suggest the setting to be Cambridge, the birthplace of the SPR.

4.4.3 *The Parasite* and Hypnotic Theory

As I have stated, Doyle's novella is clearly a gothic one. It is notable that he prefers to use the term mesmerism with all its mystical associations for the majority of the text. However, Doyle's skill is in providing in a relatively few words, a credible scientific context within which the gothic and promethean tale can unfold. His research had been good and he demonstrates a sound grasp of hypnotic theory which he artfully adds to the narrative. He describes the examination of physical variables during hypnotism, such as blood pressure, pulse and temperature. This focus on tangible physiological variables had been a feature of the most recent hypnotic research. He drops in the names of Jean-Martin Charcot and Professor

⁴²⁸ Wynne, *Domestic Desires* (p. 234).

Richet, leaders of hypnotic research as well as hypnotic textbooks like Binet and Féré's *Animal Magnetism*.⁴²⁹

Despite the fact that he was apparently proud of resisting hypnotic induction by a travelling mesmerist in Southsea, he provides a thoughtful description of the imagined experience of being a hypnotic subject:⁴³⁰

It was all wonderfully clear, and yet dissociated from the rest of my life, as the incidents of even the most vivid dream might be. A peculiar *double consciousness* [my emphasis] possessed me. There was the predominant alien will, which was bent upon drawing me to the side of its owner, and there was the feebler protesting personality, which I recognised as being myself, tugging feebly at the over-mastering impulse as a led terrier might on its chain. ('TP' 30)

In this extract Doyle includes the term, 'double consciousness' perhaps the most important legacy of scientific hypnotism and a key idea for the SPR and Lloyd Tuckey. The idea that people have aspects of their consciousness that are not directly and consistently available to them has been incredibly influential in psychology and psychoanalysis.

During his first encounter with Penelosa, Gilroy states his opinion that hypnotism is only effective in those who are psychologically unbalanced:

My experience has been, that mesmerists go for their subjects to those who are mentally unsound. All their results vitiated [spoiled], it seems to me, by the fact that they are dealing with abnormal organisms. ('TP' 8)

Gilroy is restating the theories of Charcot who was instrumental in the resurgence of European hypnotism in the 1870s and therefore, eventually British hypnotism. Charcot was professor of neurology at the Parisian medical faculty and one of the most famous and successful physicians of his day. Trained in the clinico-pathological tradition, he used post-mortem studies and long periods of clinical observation to delineate many neurological conditions for the first time. Over the 1860s and 1870s he recorded the clinical descriptions and demonstrates the brain and nerve lesions for a range of new disorders from multiple sclerosis to motor neurone disease and chorea. By the late 1870s Charcot had decided that hysteria was also the result of a brain lesion and not the result of a disorder of the uterus. He had discovered hypnotism through James Braid's book initially calling it

⁴²⁹ Catherine Wynne observes that the final chapter of this textbook points out the moral risks of experimenting in mesmerism. Binet and Féré, *Animal Magnetism*.

⁴³⁰ Anon, 'Hypnotism at Southsea: Private séance by M. Meyer', *Evening News (Portsmouth)*, 9 February 1889.

‘Braidism’ (see chapter two) and started to use it in the investigation and treatment of hysteria. He was able to show that he could reproduce the symptoms of hysteria such as amnesia, mutism and anaesthesia in his patients at the Salpêtrière, the hospital where he was superintendent.

Later Gilroy compares his experiments with Penelosa to those upon ‘women at Nancy and at the Salpêtrière’ demonstrating his awareness of the competing theoretical school at Nancy. As described in chapter three, the Nancy hypnotists thought that everyone was susceptible to hypnotism through the mechanism of suggestion. By the 1890s the ideas of Bernheim and the Nancy school had superseded those of Charcot. As Gilroy starts to believe in Penelosa’s power, he uses the language of suggestion and appears to have rejected the morbid theories of Charcot.

The Parasite examines the fears of loss of agency, blurred subjectivity and mesmeric entrapment in a simultaneously gothic mode but scientific context. As a tale of the hubristic ambition of scientists, it can be linked to classic tradition of medical gothic fictions like *Frankenstein* or *The Strange Case of Dr Jekyll and Mr Hyde*. Even within the dream logic of the gothic, the representations of hypnotism are very much based in reality. Doyle’s close interest in the developing science of hypnotism through his own experimentation and membership of the SPR lends a convincing patina of authenticity to the portrayal of hypnotism and its scientific experimentation. Though the gothic elements deliberately dramatize and exaggerate the dangers, the mimetic process of real-world hypnotism to fictional hypnotism appears much closer to Gillian Beer’s ideas of transformation and the subtleties of interference patterns and fields of influence rather than the larger scale disruption of Derrida’s complete suspension of discourse assumptions seen in *A Romance of Two Worlds*.

The three hypnotic fictions from different authors were chosen deliberately to represent a range of beliefs about therapeutic hypnotism. From the aspect of mystical self-improvement, to its safety and dependability in the hands of a professional, to the key 1890’s anxiety of its ability to overpower another’s will disturbingly exaggerated by the gothic mode. This literature provides a different but still relevant source of evidence about the discourses at play for medical hypnotism and Lloyd Tuckey. His cultural immersion in medicine, the occult, psychical research and these fictions must be seen as a whole as these spheres

overlapped and were in flux, particularly at this time. Fiction provides a useful window on this process. The next two chapters examine the impact of Lloyd Tuckey on hypnotism in the lay and medical spheres through his clubs, his writing and his professional and public status.

Chapter 5: Hypnotism in the 1890s Public Sphere

I have proposed that the significance of Lloyd Tuckey has been overlooked. Primarily, his importance rests on his contributions to establishing the legitimacy of therapeutic hypnotism within popular and medical culture. In this chapter, I set out the different ways that he achieved this through his position as a celebrity and an expert at this crucial juncture. He treated the rich and famous and his views were sought by the press about hypnotic crimes and forced confessions. He and the other New Hypnotists became adept at using medical meetings and the medical journals to press their case till finally the British Medical Association agreed to investigate the technique, an episode explored in the following chapter. His membership of many institutions served not only to promote his views but in the case of the Golden Dawn and the Society of Psychical Research will also have helped to shape his own thinking and opinions.

5.1 The Cultural Moment of *Trilby*

In October 1895, the editor of the *BMJ*, wrote effusively about a new book and play:

Mr. Du Maurier may be congratulated on having produced for the first time a literary masterpiece in which the conditions of hypnotism are used with the power of genius, and in which their limitations and nature are correctly indicated if not fully analysed or described.⁴³¹

Du Maurier's work was *Trilby* which was the talk of London and its relevance for the journal's readership was its portrayal of hypnotism. The curious reasons why the *BMJ*'s greatest editor, Ernest Abraham Hart should choose to comment on a contemporary bestseller in an editorial for the country's most read medical journal are an important aspect of this chapter.

While crazes and fads were not new, the 1890s saw some of the first examples of genuine modern mass culture: "Trilby was the first great example of how the machinery of promotion, distribution, secondary rights, and social hoopla would work."⁴³² Although primarily writing about the North American context, several critics have explored the publishing, printing and advertising framework which

⁴³¹ Edward Hart, 'The Hypnotism of "Trilby"', *BMJ*, 26 October, 1895 (p. 1052).

⁴³² L. Edward Purcell, qtd in Emily Jenkins, 'Trilby: Fads, Photographers, and "Over-Perfect Feet"', *Book History*, 1 (1998) pp. 221-67 (p. 221).

created the positive feedback loop that led to the cultural phenomenon that was 'Trilbyana' or 'Trilbymania'.⁴³³ It was so unprecedented that even at the time there were books written, reflecting on the story's reach and ubiquity.⁴³⁴

The remarkable success of the novel *Trilby* and its subsequent dramatization marked the high-water mark for 'hypnotic fictions' (no longer mesmeric) as they were named by the literary critic, Quiller Couch.⁴³⁵ *Trilby* was the zenith if not artistically, at least culturally and the sheer scale of books sold, *Trilby* was a sensation in Britain and the United States. It sold so many copies of the one volume edition, that it is acknowledged as one of the first ever 'bestsellers'.⁴³⁶ It sold 200,000 copies in the US alone and is believed to be among the best-selling novels of the nineteenth century.⁴³⁷ If satire is a mark of success, there were a variety of parodies which followed, such as the short revue *Thrillby* and the illustrated comic epic poem *Drilby Re-versed*.⁴³⁸ To capitalise on the trend, American manufacturers produced *Trilby*-branded merchandise: perfumes, cigars, waltzes, corsets, cocktail sausages, hair styles, and even foot-shaped ice-creams.⁴³⁹

The magazine serialization of *Trilby* may have been first published in the UK but the cultural obsession of Trilbymania had started in the US. By the autumn of 1895, London too, had 'lost its head'.⁴⁴⁰ The drama was so popular that the play ran for 254 performances at the West End theatre, the *Haymarket* from October 1895. It then went on to tour the provinces and crossed the Atlantic to tour the States, where several previous US productions had already been successful. It made so much money for its actor-manager, Herbert Tree that he was then able to rebuild

⁴³³ Jenkins, 'Trilby: Fads'; Edward Purcell, 'Trilby and Trilbymania: The Beginning of the Best-Seller System', *Journal of Popular Culture*, 11 (1977) (pp. 62-76); Joanna Levin, (2009), *Bohemia in America, 1858-1920*, (Stanford: Stanford University Press, 2009) (p. 193).

⁴³⁴ J.B. Gilder and J.D. Gilder, *Trilbyana: The Rise and Progress of a Popular Novel* (New York: The Critic, 1895).

⁴³⁵ Couch, 'Hypnotic Fiction' (p. 316).

⁴³⁶ The term "best-seller" is usually credited to Harry Thurston Peck, editor of the *New York Bookman*. In 1895 Bookman published the first 'list of books in demand', compiled from figures supplied by American booksellers. Purcell, 'Trilby and Trilbymania'.

⁴³⁷ Gilder, Preface in 'Trilbyana'.

⁴³⁸ William Muskery, *Thrillby: A Shocker in One Scene and several Spasms* (London: Samuel French, 1897); Leopold Jordan, *Drilby Re-versed* (New York: G. W. Dillingham, 1895).

⁴³⁹ Trilby's foot became an unlikely commoditization of the girl in both the book and the play and symbolized her widespread popularity. In a strange example of life imitating art, representations of her image and particularly her foot were sold because her celebrated voice was ephemeral. Emily Jenkins, 'Trilby: Fads' (p. 250).

⁴⁴⁰ Daniel Pick, *Svengali's Web: The Alien Enchanter in Modern Culture* (New Haven: Yale University Press, 2000) (p. 22).

and become a lessee of *Her Majesty's Theatre*.⁴⁴¹ Even the new style of short-brimmed hat worn by the women attending the *Trilby* matinee shows, became known by the name of the play.

The *Trilby* story itself was set in mid-nineteenth century Bohemian Paris. Starting as a love story, it chronicles the life of the artists' model, Trilby O'Ferrall and her relationship with four men: three struggling British artists and a Jewish musician. She turns down the offer of marriage to one of the artists to protect his societal standing. She is then taken in by the musician, Svengali who hypnotises her, initially to cure her headache. However, he discovers her beautiful singing voice while in trance and keeps her in his hypnotic thrall. She becomes a music-hall diva as a result of her newfound range and exquisite tone before Svengali dies dramatically mid-concert, leaving her as she was: without talent. There is a brief reunion with her artist lover but Trilby fades and dies soon after.

The reasons for the enduring popular appeal of the various iterations of *Trilby* appear to transcend the original, rather mawkish novel concerning the life and loves of a tone-deaf laundress, living with British artists in 1850s Paris and transformed into a singing superstar by her hypnotist manager. The characters and depictions of power are more resonant than the details and style of the story. From the first dramatic production onwards, the focus was shifted from the romantic aspects and Trilby, to the unequal relationship between the innocent girl and the Jewish mesmeric manipulator, Svengali.

The story made an easy transition from stage to screen and thence to the other European nations. The first silent cinematic version was released as early as 1896 and entitled *Trilby and Little Billee*.⁴⁴² By 1915, there had been 10 cinematic versions but thereafter the films are named after the villain of the piece, *Svengali*.⁴⁴³ The historian and psychotherapist, Daniel Pick has written extensively about *Trilby* and its cultural implications and consequences, particularly focussing on the sinister Jewish foreigner stereotype.⁴⁴⁴ He has identified four aspects which might have led to its overwhelming popularity at the turn of the last century: its 'complicity with

⁴⁴¹ Tracy Davis, *The Economics of the British Stage, 1800-1914* (Cambridge: Cambridge University Press, 2000) (p. 225).

⁴⁴² Unknown, *Trilby and Little Billee* (US, Biography, 1896).

⁴⁴³ See also the films: James White, *Etta Lola, à la Trilby* (US, Edison, 1898); Viggo Larsen, *Trilby* (Denmark, Nordisk, 1908); *Trilby* (U.K. Kinemacolor, 1910); *Trilby* (Austria, Österreichische-Ungarische Kinoindustrie, 1912); *Trilby* (U.S., Standard, 1912); *Trilby* (U.S., Famous Players, 1913); Harold Shaw, *Trilby* (U.K., London Film Productions, 1914) and *Svengali der Hypnotiser* (Austria, Weiner, 1914).

⁴⁴⁴ Pick, *Svengali's Web*.

anti-Semitism, the charm of its picture of Bohemia, its fascination with mesmerism, or the mournful and melancholic rendition of a lost Paris'.⁴⁴⁵

The success of the book and the play depended upon aspects of the story connecting with the general public, most critically the hypnotic elements. One reviewer for *Harper's Weekly* observed 'Hypnotism and kindred psychological problems are immensely attractive to most of us and Du Maurier's use of mesmeric tools is masterly'.⁴⁴⁶ It is the presentation of hypnotism which is most significant and relevant for this thesis.

The cultural prominence of hypnotism at the time was inescapable. A month before Hart's editorial, the poet, novelist and literary critic, Q or Arthur Quiller-Couch had written a critical notice for the British journal, *The Speaker*. It was a popular, liberal-leaning magazine that reviewed the week's literature, science and politics. His subject was the contemporary popularity but what Q perceived to be the literary limitations of what the hypnotic fiction.⁴⁴⁷ He was scornful of the genre as a whole but grudgingly complimentary about du Maurier's 'charming' original novel which had been published in instalments in *Harper's Monthly*, the year before.⁴⁴⁸ Q saw it as one of the better examples of a rather hackneyed, well-worn storyline, which he had identified and could not abide. He described a hypnotizer and his subject, a good and beautiful woman, who is induced by the nefarious, foreign beast to 'commit any excesses that his beastliness may suggest'.⁴⁴⁹ He complained that the plot device of hypnotism, by removing free will, removed any sense of a personal struggle against immoral behaviour. He worried that this lack of realism diminished the human drama and in the hands of authors with 'less tact' than du Maurier could lead to fictions that were more 'brutish', for which I read sexually explicit. There were, of course, several pornographic novels already published that utilised hypnotism or mesmerism as the central plot device for exactly this brutish, narrative end.⁴⁵⁰

⁴⁴⁵ Daniel Pick, 'Powers of Suggestion: Svengali and the Fin-de-Siècle', Ch. 6 in *Modernity, Culture and 'The Jew'* ed. by Bryan Cheyette and Laura Marcus (Cambridge: Polity Press, 1998) pp. 105-25 (p. 119).

⁴⁴⁶ Margaret Sangster, "'Trilby' from a Woman's Point of View', *Harper's Weekly*, 38 (September 1894) (p. 883).

⁴⁴⁷ Couch, 'Hypnotic fictions' (p. 316).

⁴⁴⁸ Du Maurier, *Trilby* (2003).

⁴⁴⁹ Couch, 'Hypnotic fictions' (p. 316).

⁴⁵⁰ One of the anonymous underground pornographic books that survive from this period is *The Power of Mesmerism - A Highly Erotic Narrative of Voluptuous Facts and Fancies*. In this titillating book, Frank Etheridge dabbles with mesmerism one summer with his entire family. In so doing, he repeatedly

Mary Leighton, the cultural historian, has confirmed both the accuracy and quantity of publications in Q's newly identified genre and narrative stereotype.⁴⁵¹ Though mesmerism had been a small aspect of many mid-Victorian novels, from the mid-1880s to the mid-1890s there was a sudden outburst of published fictions, mostly short stories for the literary journals but also dozens of full-length novels, which corresponded to his description. Leighton collected and reviewed several of the key novels of the subtype from '*Herr Paulus: His Rise, His Greatness and his Fall*' (1888) to the satire '*The Charlatan*' (1895) and '*The Mesmerist*' (1890).⁴⁵² The librarian and anthologist, Donald Hartman collected and published a bibliography of over 60 English language novels featuring mesmerism and hypnotism themes between 1885 and 1898.⁴⁵³

The public appetite for medical hypnotism was not sated by solely imaginative representations. When Lloyd Tuckey's third edition of *Psycho-Therapeutics* was published in 1892 it was reviewed for the lay readership of the periodicals not just the medical journals. The reviewer for the *Spectator*, a weekly journal covering current affairs, politics and the arts opined that *Psycho-Therapeutics* was:

a book of which the interest is by no means exclusively or principally professional. It will be found to have the highest possible interest or even fascination for the general reader, with even a superficial knowledge of medical science.⁴⁵⁴

There was a real thirst for factual information about the new technology and there was no shortage of medical experts prepared to write books. I have already mentioned the works of Felkin, Milne Bramwell and Kingsbury which along with Lloyd Tuckey's books did much to promote medical hypnotism.⁴⁵⁵ There were also pamphlets and books from other physicians which were antithetic: Norman Kerr,

breaks the oldest taboo of all, that of incest. Anon, *The Power of Mesmerism* (Moscow: For the Nihilists, 1891).

⁴⁵¹ Mary Leighton, 'Under the Influence: Crime and Hypnotic Fictions of the Fin de Siècle', Ch. 10 in *Victorian Literary Mesmerism*, ed. by Martin Willis and Catherine Wynne. (Amsterdam: Rodolphi, 2006) pp. 203-26.

⁴⁵² Walter Besant, *Herr Paulus: His Rise, His Greatness and his Fall* (London, Chatto and Windus: 1888); Robert Buchanan and Henry Murray, *The Charlatan* (London, Chatto and Windus: 1895); Ernest Clark Oliphant, *The Mesmerist* (London, Eden Remington: 1890).

⁴⁵³ Donald Hartman, 'Hypnotic and Mesmeric Themes and Motifs in Selected English-Language Novels, Short Stories, Plays and Poems, 1820-1983', *Bulletin of Bibliography*, 44 (1987) (pp. 156-66).

⁴⁵⁴ Anon, 'Dr Tuckey on Hypnotism', *Spectator*, 68 (1892) 55-6 (p. 55).

⁴⁵⁵ Felkin, *Psycho-Therapeutics*; John Milne Bramwell, *Successful Treatment of Dipsomania, Insomnia, etc., and Various Diseases by Hypnotic Suggestion* (1890-92) I have only found a partial reference to this book from the early 1890s and have not been able to locate a copy; Kingsbury, *Hypnotic Suggestion*.

a specialist in alcohol addiction and close friend of Ernest Hart, was a regular contributor to the correspondence section of the *BMJ*. His letters and his book clearly articulated the dangers of hypnotism to both patients and doctors and cast doubt on its efficacy.⁴⁵⁶

Physicians also provided shorter essays for a lay audience published primarily in the gentleman's journals. The extent of the late Victorian interest in hypnotism is demonstrated by the sheer number of these articles in the general journals over and above the longer theoretical works and practical manuals that were published at this time. Examining *Poole's Index* for 1887 to 1896, reveals a total of 64 relevant items under the subject heading of 'hypnotism'.⁴⁵⁷

There were a variety of accounts from physicians which were both for and against the New Hypnotism.⁴⁵⁸ Although written for the lay public they went into considerable detail about the subtle differences between the views at the Salpêtrière and the Nancy school. They did not always represent the complexities accurately. For example, the British psychiatrist, Theodore Ewart took the title of his article for the *Nineteenth Century* from the theoretical model of the Nancy school, 'The Power of Suggestion' but went on to describe the key beliefs of the doctors at the Salpêtrière.⁴⁵⁹ Such was Jean-Martin Charcot's reputation that translations of his essays and those of his colleagues like Jules Luys could be published directly in translation in several Anglophone journals.⁴⁶⁰

⁴⁵⁶ Norman Kerr, *Should Hypnotism Have a Recognised Place in Ordinary Therapeutics?* (London: H.K. Lewis, 1890).

⁴⁵⁷ The American librarian William Poole developed the first systematic attempt to catalogue and index Victorian journals. Hypnotism entry in *Poole's Index to Periodical Literature 1887-92 (2nd Supplement)*, (Gloucester, US: Peter Smith, 1963) (p. 206); *Poole's Index to Periodical Literature 1892-97 (3rd Supplement)* (Gloucester, US: Peter Smith, 1963) (p. 271).

⁴⁵⁸ *Inter alia* St. Clair Thomson, 'The Dangers of Hypnotism', *Westminster Review*, July 1890 (pp. 624-31).

⁴⁵⁹ C. Theodore Ewart, 'The Power of Suggestion', *Nineteenth Century*, 28 (1890) (pp. 252-9).

⁴⁶⁰ Jean-Martin Charcot, 'Magnetism and Hypnotism', *Forum*, 8 (1890) (pp. 566-77); Jean-Martin Charcot, 'Hypnotism and Crime', *Forum*, 9 (1890) (pp. 159-68); Jules Luys, 'The Latest Discoveries in Hypnotism I', *Fortnightly Review*, 47 (1890) (pp. 896-921); Jules Luys, 'The Latest Discoveries in Hypnotism II', *Fortnightly Review*, 48 (1890) (pp. 168-83).

5.2 Medico-Legal Cases and Lloyd Tuckey's Expertise

At around this time, there were two high profile murder cases in France and the Netherlands that involved hypnotism which also increased public interest in the UK. The Eyraud-Bompard case of 1890 had seized the public imagination and put hypnotism back under the spotlight both in France and Britain. It was reported in the *Times* that over 5000 people applied for the 80 available tickets to witness the hearing in Paris.⁴⁶¹ The previous year, Gabrielle Bompard had lured a wealthy Parisian bailiff named Alexandre-Toussaint Gouffé to her bedroom with promises of sex. While Gouffé was preoccupied, the waiting petty criminal Eyraud had strangled him with Bompard's silk belt. The amateur scheme quickly unravelled when the couple discovered only a few Francs on Gouffé's person and realised they had to get rid of the body. They eventually dumped the corpse in an oilskin bag in woods outside Lyon, many miles from Paris. When the body was found and the police successfully identified the body, the pair fled the country. The case stayed in the newspapers for many months because, in an early triumph for the police and forensic procedure, the victim was successfully identified and a trunk that had contained the bag and a boot linking the couple to the body were found near the crime scene. The couple fled to the US and Cuba and, in another exciting scoop for the newspapers, were made subject to the first Interpol (international police) order and were tracked down and extradited for trial.

The infamous court case was closely covered by both the English and French press between December 1890 and February 1891 and has been subsequently reviewed by historians of law and psychology.⁴⁶² Gabrielle Bompard was only 22 years old and faced a death penalty for murder. Her defence claimed that she could not be held responsible because 'she had acted under a post-hypnotic suggestion implanted by her former lover.'⁴⁶³ Several psychiatrists examined her and decided that while she was mildly hysterical she was perfectly capable of knowing what she was doing. A law professor, Jules Liégeois who identified with the Nancy school, gave lengthy testimony to the effect that Bompard had been hypnotised and was

⁴⁶¹ Anon, 'The Gouffé Murder', *Times*, 17 December, 1890, p.5.

⁴⁶² Robert van Plas, 'Hysteria, Hypnosis, and Moral Sense in French 19th-century Forensic Psychiatry. The Eyraud-Bompard case', *International Journal of Law and Psychiatry*, 21 (1998) (pp.397-407); Steven Levingston, *Little Demon in the City of Light* (New York: Doubleday, 2014) ; Dorothy Hoobler and Thomas Hoobler, *The Crimes of Paris: A True Story of Murder, Theft, and Detection* (Lincoln, NE: Bison, 2010).

⁴⁶³ Ruth Harris, 'Murder Under Hypnosis in the Case of Gabrielle Bompard: Psychiatry in the Courtroom in Belle Époque Paris', Ch.10 in *The Anatomy of Madness: Essays in the History of Psychiatry II*, ed. by William Bynum, Roy Porter and Michael Shephard (London: Tavistock, 1987) (pp. 197-241).

no more than an automaton. Eyraud went to the guillotine while Bompard was imprisoned for 20 years. Her lesser sentence reflected the fact she had separated from Eyraud and had given herself up in the US, rather than the success of the arguments of Liegeois. The issue of criminal responsibility and the hypnotic state was discussed at length in the daily press and periodicals.⁴⁶⁴ Liegeois' assertion may have served to demonstrate the enormous power of hypnotism but also became problematic for the Nancy school and its British adherents. Particularly so, when they also claimed that everyone was susceptible to hypnotism. The helpless automation image continued to be used by hypnotism's detractors and would have to be challenged.

A few years later a less well-known European murderer made headlines in the British press and led to further discussion of the power of hypnotism. The unsolved cases have been recently rediscovered and reviewed by the historians Jan Bondeson and Bart Droog.⁴⁶⁵ At the time, at least one Dutch newspaper had proposed the use of hypnotism to discover the whereabouts of Hendrik de Jong's two missing wives and this was picked up in the UK.⁴⁶⁶

De Jong was a handsome confidence trickster well known to the Dutch police for preying on rich women. In June of 1893, the Dutch national had married an English nurse named Sarah Ann Juett in Maidenhead, England. They had returned to the Netherlands where Sarah mysteriously vanished and de Jong then wasted no time in marrying a wealthy Dutchwoman, Maria Schmitz in the August. Before his proposal to Sarah Ann, he had claimed to the Juett family that he was a wealthy hotel proprietor who had studied medicine. He had told Maria Schmitz that he was a military surgeon from the Dutch East Indies. The truth was more prosaic: he was born to a peasant family and despite two periods in the Dutch army stationed in Batavia, he was discharged as unfit for military service.

⁴⁶⁴ These are a fraction of the publications: 'The Gouffé Murder', *Times*; Charcot, 'Hypnotism and Crime'; A. Taylor Innes, 'Hypnotism in Relation to Crime and the Medical Faculty', *The Contemporary Review*, 58 (1890) (pp. 555-66); George Kingsbury, 'Hypnotism, Crime and Doctors', *Nineteenth Century*, 29 (1891) (pp. 145-53).

⁴⁶⁵ Jan Bondeson and Bart Droog, 'The Dutch Jack the Ripper: New Light on Hendrik De Jong, "The Continental Suspect"', *Ripperologist, The Journal of Jack the Ripper, East End and Victorian Studies*, 159 (December 2017/January 2018) (pp. 2-25).

⁴⁶⁶ Anon, 'De Zaak-De Jong' *De Tijd*, 7 October, 1893 p. 4.



Fig 13: 'The De Jong Case' in the Penny Illustrated Paper⁴⁶⁷

The Juett family were convinced that de Jong was a fraudster and probably a murderer. They made contact with the Dutch police who had arrested de Jong following the disappearance of Maria. The evidence against de Jong was suspicious but only circumstantial. Screams and moans had been heard in Laren's Camp, just outside Amsterdam, the night of Maria's disappearance and a spade had been found inside one of de Jong's cases. Despite the involvement of over forty constables and volunteers the bodies of his wives were never found.

Juett's brother travelled to Amsterdam and interviewed de Jong and identified two dresses and a gold necklace found in a local pawn shop as belonging to Sarah Anne. The Dutch papers were convinced of his guilt but de Jong appeared unflappable in police custody and repeated his view that both women would soon reappear. Even when Juett's father came to see him begging for an admission of guilt, de Jong showed no remorse stating "I shall be free. I shall walk out of here. You cannot keep me."⁴⁶⁸ The case started to attract more attention in the UK when Tom Fielders, the Amsterdam correspondent of the Pall Mall Gazette repeated the growing speculation in the Dutch press about De Jong's probable previous murders and the

⁴⁶⁷ Unknown engraving, 'De Jong or Don Juan?', *Penny Illustrated Paper*, 30 September, 1893, p. 3. The subtitle is 'From photographs circulated by Dutch Police'.

⁴⁶⁸ Anon, 'The De Jong Case', *New York Herald*, 1 November, 1893.

possibility that he might even be Jack the Ripper.⁴⁶⁹ De Jong never confessed to the crimes and was eventually tried for fraud in April 1894 and imprisoned for three years.⁴⁷⁰

As previously discussed in chapter four, these hypnotic criminal cases also led to ideas around criminal responsibility and the moral limits of hypnotic control being played out within fiction. The early fictions of mesmerism had mostly centred on fears of romantic infatuation and loss of virtue and reputation. These were linked to the prevalent views about increased female susceptibility and the intimacy of mesmeric passes and rapport. However, by the end of the nineteenth century, the societal fears about hypnotism had moved on to include the consequences of loss of will and the fearsome power of the evil hypnotist if the recurrent analogy of the hypnotised as being like an unthinking automaton was correct.⁴⁷¹

In keeping with his growing profile, Lloyd Tuckey was soon identified as the leading national expert on hypnotism. In October 1893, a reporter for the *Illustrated London News* stated that ‘One would certainly like to hear what Dr. Lloyd Tuckey would say about the proposal to hypnotise de Jong.’⁴⁷² However Tuckey chose to wait a few months to give his view. He accepted an interview about his opinion towards the possible use of hypnotism to extract a confession in the De Jong case for *The Sketch* in February 1894.⁴⁷³ The *Sketch* was a weekly journal that had been established the previous year. It was primarily a society magazine which had regular features on the aristocracy and royalty, theatre and literature. It is significant that the journalist, T.H. claims that he went see his ‘friend’ Charles Lloyd Tuckey, reporting the interview over a page of the journal:

Such knowledge of modern hypnotism as we have arrived at in this country – from the scientific and medical standpoints – is owing mainly to Dr Tuckey, who was the first West-End physician of repute courageous enough to give the treatment a fair trial and whose treatise on the subject, “Psycho-Therapeutics”, is the clearest and ablest exposition of it that may be read in English.

⁴⁶⁹ Tom Fielders, ‘The Maidenhead Mystery. De Jong’s antecedents. Is he “Jack the Ripper”?’, *Pall Mall Gazette*, 2 October, 1893, p.3.

⁴⁷⁰ Anon, ‘The De Jong Case’, *Times*, 13 April 1894, p. 5.

⁴⁷¹ The automaton analogy had first been used by English physician as early as 1852 by Carpenter but were repeated by critics such as Kerr and Hart. Carpenter, ‘Influence of Suggestion’, (p. 147).

⁴⁷² Anon, ‘De Jong Case’, *Illustrated London News*, 14 October, 1893, p. 4.

⁴⁷³ T.H., ‘Hypnotism in Criminal Investigation’, *The Sketch*, 4, (1894) p. 244.

Tuckey told T.H. that he had been in contact with his friend, the Netherlands' premier medical hypnotist Frederik van Eeden whose clinic he had previously visited in 1888. Despite the Dutch newspapers' claims, Tuckey had clarified by letter that the police had not made any contact with either van Eeden or his physician colleague de Jong [same surname] about a possible hypnotic interview with the suspect de Jong.⁴⁷⁴ The interviewer asked whether or not he believed in the possibility of the 'famous scene in *The Bells* where Mathias, under the influence of a mesmerist, shows how he murdered the Polish Jew.' Lloyd Tuckey answered:

No, this is very unreal. A person who had never before been mesmerised, could not suddenly be taken in hand and compelled to betray himself in this way. Reason and volition are rarely quite dead in a person hypnotised, and in such a case as we are imagining the will of the intended victim would be so strenuously opposed to that of the mesmerist that it would be very difficult, in the first place to bring him under influence at all, and in the second place, extract from him anything of the nature of an incriminating confession.⁴⁷⁵

He maintained that a hypnotic subject could not be hypnotised against their will which limited its possible role both for the police and criminal parties: 'Where there is not only an absence of sympathy but vehement opposition, then hypnotism can accomplish very little.'⁴⁷⁶ He was pushed as to whether crimes might be commissioned or induced by hypnotism. He said there was little cause for alarm as only the weak-minded and morally lax might be persuaded so the numbers would be small.

There are several details in the article which provide an interesting subtext. The journal, the *Sketch* was aimed at the gentry and affluent middle class. The journalist's description of Lloyd Tuckey as a 'friend' and 'West-End physician' suggests that he would expect his readership to be already familiar with his name. It also repeats the view that some bravery was required to advocate and experiment with hypnotism, demonstrating that the impact of Elliotson's fall was felt even in the lay community over fifty years later.

⁴⁷⁴ CLT, Letter to van Eeden, 14 October 1893. Allard Pierson.

⁴⁷⁵ T.H., 'Criminal Investigation'.

⁴⁷⁶ T.H., 'Criminal Investigation'.

5.3 Lloyd Tuckey's Celebrity Influence

Tuckey practiced in London's West End and would be viewed as a 'high society' doctor. While confidentiality restrictions mean that we know few details about the patients he treated, his correspondence with van Eeden reveals that he treated at least two members of the affluent Guinness family, seeing both the first Lord Iveagh and his son.⁴⁷⁷ His name is also mentioned in an inquest into the death of Henry Brooks Broadhurst, a wealthy gentleman and county magistrate who was an heir to a thriving cotton business.⁴⁷⁸ Probably his most famous patient was Alice James, the invalid sister of the London-based novelist, Henry James and the Boston academic, William James. She is best known today for her diaries and has become a feminist icon, her chronic ill-health, probable hypochondriasis and diagnosis of hysteria coming to symbolise the thwarted ambition of an intelligent woman in the Victorian era.⁴⁷⁹

Alice James was physically and mentally ill over many years.⁴⁸⁰ She consulted many doctors but experienced little benefit. In 1884, she moved permanently to England with her companion Katharine Loring for a change of scene and to be closer to her brother, Henry. In 1891 she was diagnosed with terminal breast cancer and her psychologist brother William suggested that she try hypnotism for pain relief and to help with her sleep. He specifically recommended to Katharine that she consult Lloyd Tuckey, the author of *Psycho-Therapeutics* which he described as 'very creditable'. Uncharacteristically for her usual attitude towards doctors, Alice appears to have been quite fond of 'Tuckums' who visited her regularly in her last months at her Kensington home.⁴⁸¹ She described in her diary: 'the hypnotic Tuckey, the mild radiance of whose moon-beam personality has penetrated with a little hope, the black mists that enveloped us.'⁴⁸² He taught her companion Katharine to hypnotise Alice and while the process was unable to alleviate her pain, it did help her to sleep for six hours at night, a significant boon to the sick woman. Before she died, Alice wrote in a letter to her friend the Boston philanthropist, Frances Morse, that 'under the hypnotic suggestions or rather the pawings of an

⁴⁷⁷ CLT, Letter to van Eeden, 20 November 1893 Allard Pierson.

⁴⁷⁸ 'County Magistrate's Suicide', *Times*, 4 October, 1910, p. 3.

⁴⁷⁹ Jean Strouse, *Alice James* (London: Harvill, 1981).

⁴⁸⁰ Jerome Schneck, 'Alice James, Dr. Charles Lloyd Tuckey, and Hypnotherapy', *American Journal of Psychiatry*, 139 (1982) (p. 1079).

⁴⁸¹ Alice James, Letter to William James, December 2, 1891, in Ruth Yeazell, *The Death and Letters of Alice James* (Berkeley: University of California Press, 1981) (pp. 190-1).

⁴⁸² Alice James, 'December 4, 1891', *Alice James – Her Brothers, Her Journal*, ed. by Anna Burr (New York: Dodd and Mead, 1934) (p. 244).

amiable necromancer [Tuckey] I have regained all my native dignity.’⁴⁸³ Although James is complimentary about Lloyd Tuckey, her possibly flippant use of the word ‘pawings’ gives his ministrations a sexual undertone, linking his verbal affirmations to mesmeric passes and earlier fears of improper behaviour.

The proposition that Lloyd Tuckey was something of a public figure by the mid-1890s is supported by his inclusion in one of the early photographic celebrity magazines, *Our Celebrities: A Portrait Gallery*. The magazine had been started in 1888. It was an expensive, lavish publication with glossy A3 sized pages. It usually featured three persons of renown, mostly artists and nobility, all photographed at the studio of Queen Victoria’s official photographer Stanislaus Walery and preceded by a two-page biography and interview.⁴⁸⁴ Lloyd Tuckey appeared in the February 1892 edition alongside the feminist and society painter Louise Jopling-Rowe and the novelist and essayist, James Payn.⁴⁸⁵ Other subjects included members of the aristocracy and the scientist T.H. Huxley.

As Joss March has written, celebrity was not new in the Victorian era but it was the invention of photography which led to the rise of a mass celebrity culture: ‘To be photographically famous was to be more familiar [...] the visual transcript of the celebrity’s body put one in the presence of fame.’⁴⁸⁶ Initially, these photographs had been on individual cards sold separately which enabled the ‘possession’ of the celebrity but technological developments had led to high quality photographs appearing in glossy periodicals for the first time. There was a growing interest in the private lives of public figures in the end of the nineteenth century as part of the ‘New Journalism’ spearheaded by the iconoclastic newspaper editor W.T. Stead. As was standard practice, the piece on Lloyd Tuckey in *Our Celebrities* was congratulatory and almost reverential in tone. The article discussed his accomplishments and hypnotism in some detail:

It is beginning to be perceived and acknowledged that hypnotism is as simple a thing as it is wholesome. There is no magic in it. It is nothing allied to the ugly and hateful performances of the Mesmers of the platform and booth. There is a close analogy between hypnotism and natural sleep, and hypnotism may be defined as the production of a subjective condition in

⁴⁸³ Alice James, ‘Letter to Frances Morse, December 5, 1891’, in Yeazell, *Death and Letters*, (p. 192).

⁴⁸⁴ ‘*Our Celebrities: A Portrait Gallery*’, *Dictionary of Journalism*, ed. by Brake and Demoor (p. 473).

⁴⁸⁵ CED, ‘Dr. C. Lloyd Tuckey’, *Our Celebrities: A Portrait Gallery*, 4, 2 (1892) (pp. 1-3).

⁴⁸⁶ Joss Marsh, ‘The Rise of Celebrity Culture’, Ch. 13 in *Charles Dickens in Context* ed. by Sally Ledger and Holly Furneaux (Cambridge: Cambridge University Press, 2013) pp. 98-108 (p. 106).

which the faculty of receiving impressions by suggestion is greatly increased [...] That appears to be the whole mystery.⁴⁸⁷



Figure 13: Charles Lloyd Tuckey appearing in a celebrity magazine⁴⁸⁸

⁴⁸⁷ ŒD, 'Lloyd Tuckey', (p. 2).

⁴⁸⁸ Photograph by Stanislaus Walery, 'Dr. Lloyd Tuckey, M.D.' *Our Celebrities* 4, 2 (1892) p. 3. [Courtesy of National Library of Scotland].

It appears that Lloyd Tuckey was deliberately using his public persona as a platform from which to promote the New Hypnotism. He also displayed a talent for self-promotion by sending *gratis* copies of his books to other celebrities from the Victorian explorer Richard Burton to Sigmund Freud.⁴⁸⁹ However, we have further evidence that he was quite choosy and thoughtful about his reputation in relation to where his writing appeared. In 1893, he was approached by W.T. Stead himself to appear in his new journal *Borderland*. Stead was a divisive newspaper and journal editor who had developed a genuine interest in the occult, spiritualism and psychic research in the 1890s. Ever the populist he saw an opportunity for a new quarterly tapping into the popular appetite for mysticism. Tuckey wished to maintain his reputation so politely declined and wished him well in his venture. Stead who was never one to miss an opportunity, published part of his letter of refusal in the first edition alongside those of other celebrities who had declined him, describing Lloyd Tuckey as ‘one of our most successful medical men practising hypnotism.’⁴⁹⁰

Another of Tuckey’s strategies for advocating hypnotism and restricting public performances for entertainment was through platform presentations and demonstrations of medical hypnotism to non-specialist medical audiences. The *BMJ* records his demonstrations of hypnotism at branch meetings of the BMA in Norwich and Southend.⁴⁹¹ I cannot be sure that he gave public lectures but there is record that he provided the copy for a lecture on ‘Hypnotism and Alcoholism’ which was given by a ‘prominent lady’ at a working women’s conference in Leeds.⁴⁹²

Lloyd Tuckey had already written several articles for a general audience including his inaugural ‘Faith-Healing’ which I covered in depth in chapter one.⁴⁹³ This is not to say that he could not write for a medical audience. He wrote on hypnotism for

⁴⁸⁹ Richard Burton, ‘Letter to Dr Tuckey, 15 May 1889’, in *The Life of Sir Richard Burton*, Vol 2 ed. by Thomas Wright (New York: G.P. Puttnam, 1906) (p. 208); After receiving a copy, Freud asked Ernest Jones to review the recent edition. Sigmund Freud, ‘Letter to Ernest Jones, March 19, 1914’ *The Complete Correspondence of Sigmund Freud and Ernest Jones 1908-1939* ed. by R. Andrew Paskauskas (Harvard: Harvard University Press, 1996) (pp. 269-70).

⁴⁹⁰ CLT, ‘Correspondence’, *Borderland*, 1 (1893), (p.20).

⁴⁹¹ Anon, ‘Branch News - East Anglia Branch: Norfolk District’, *BMJ*, 28 June, 1890 (p. 923); Anon, ‘Branch News - East Anglia Branch: Essex District’, *BMJ*, 18 October, 1890. (p. 937).

⁴⁹² CLT, Letter to van Eeden, 14 October 1893. Allard Pierson; L. Marshall, ‘Conference of Women Workers in Leeds’, *Charity Organisation Review*, 10 (1893) 7-9 (p. 8).

⁴⁹³ CLT, ‘Faith Healing’; CLT, ‘Applications’; CLT, ‘Applications’ *Science*, 18; CLT, ‘The New Hypnotism’.

Brain, the *Lancet* and the *British Journal of Inebriety*.⁴⁹⁴ He wrote for the lay public as well as the medical journals because he realised that the public also had their own role to play in the acceptance of medical hypnotism. Perhaps his association with homeopathy and the Margaret Street hospital incident led to his high estimation of the value of the attitude of the public. This was particularly true when the basic phenomena and therapeutic results of hypnotism were not in dispute, it was just the basic science that remained unexplained. Other doctors also came to this realisation and there was as much coverage of the topic in the general print media as in the specialist medical journals.

5.4 Lloyd Tuckey and his Clubs

Like Conan Doyle and many other Victorian men, Lloyd Tuckey was a member of many clubs. As Doyle's biographer Douglas Kerr suggests, 'it could not harm a doctor's practice to be well-connected.'⁴⁹⁵ He was influenced and in turn influenced others through these institutions. He was a member of societies which were more traditional and conservative like the Royal Institution and the Freemasons. In the late 1880s, he joined the Imperial Lodge 1694, which held its meetings in Chelsea. He served as its Worshipful Master from 1898 to 1899, but subsequently kept his involvement to a modest level. He did not achieve any position in the national organization, the United Grand Lodge of England.⁴⁹⁶ However, some of his other non-medical affiliations might appear surprising at first sight, he also joined societies for ceremonial magic, psychical research and educational reform.

5.4.1 The Hermetic Order of the Golden Dawn

Lloyd Tuckey's freemasonry membership had made him eligible to become a member of two other freemason's groups: a lodge, and a lodge-like order. He chose as his other lodge 'Quatuor Coronati', which was a forum for research into the history and rituals of freemasonry. He joined the lodge-like group, the 'Societas Rosicruciana in Anglia' (SRIA), in 1894. It was not identical to a freemasons' lodge but a secret club that only freemasons could join. The SRIA was founded in 1867

⁴⁹⁴ CLT, 'Critical Digest of Hypnotism', *Brain* 16 (1891) (pp. 539-56); CLT, 'Cases Treated by Hypnotism and Suggestion', *Lancet*, 134 (1889) (pp. 365-7); CLT, 'Chronic Alcoholism'.

⁴⁹⁵ Kerr, *Conan Doyle* (p. 6).

⁴⁹⁶ Sue Young, <www.wrightanddavis.co.uk/GD/TUCKEYCHARLES.htm> [accessed 31/10/2016].

by William Hughan and Robert Little. They had obtained a warrant to establish an English order after progressing within a Scottish Rosicrucian society. Rosicrucianism was a secretive esoteric movement that emerged in Germany in the early part of the seventeenth century. Like Quatuor Coronati, the SRIA focused on the esoteric side of freemasonry. The members were particularly interested in the contributions Rosicrucian legends had made and could make to freemasonry.⁴⁹⁷ There were close links between the Golden Dawn and the SRIA both in membership and rituals. It seems likely that this was his route into the Golden Dawn.

At the fin de siècle the boundaries between science and magic were not so distinct and obvious as today. The idea of a physician becoming interested in the occult was not so strange and a club was the place to further those interests. 'The Hermetic Order of the Golden Dawn' was one of the most exclusive and influential of the occult groups. It was established by two freemason doctors, William Wescott and William Woodman and the Rosicrucian and talented linguist, Samuel Mathers. Drawing their complex tiered organisational structure of neophytes to adepts to magi, from British Freemasonry and their teachings primarily from the Jewish Kabbalah and Egyptian writings, together they founded their first temple, 'Isis-Urania' in London in 1888.⁴⁹⁸ Perhaps as a result of its emphasis on the role of the imagination in human development, writers and artists had a particular affinity with the Golden Dawn. Other famous members of the London branch included the authors and poets Arthur Machen, W. B. Yeats, Arnold Bennett and Edith Bland (better known as E. Nesbit).⁴⁹⁹ The society also claimed the most prominent occultists of their day, though some would go on to follow their own separate researches and establish their own orders: A. E Waite, Aleister Crowley and Dion Fortune.

It had other physician members: Alex Owen identified a total of 14 physicians prior to 1900.⁵⁰⁰ Other doctors in the Golden Dawn who were likely to be known to Lloyd Tuckey included the homeopath, Edward Berridge and one of the London temple's most active members, Henry Pullen Burry. Another early medical

⁴⁹⁷ Sue Young, <www.wrightanddavis.co.uk/GD/TUCKEYCHARLES.htm> [accessed 31/10/2016].

⁴⁹⁸ Dennis Denisoff, 'The Hermetic Order of the Golden Dawn, 1888-1901', *BRANCH: Britain, Representation and Nineteenth-Century History*, ed. by Dino Franco Felluga. Extension of *Romanticism and Victorianism on the Net* [accessed 08/07/2019].

⁴⁹⁹ R. A. Gilbert, *The Golden Dawn Companion: A Guide to the History, Structure and Workings of the Hermetic Order of the Golden Dawn* (Wellingborough: Aquarian Books, 1986) (pp. 125-75). Gilbert's book contains a membership list.

⁵⁰⁰ Owen, *Enchantment* (p. 61).

hypnotist, Robert Felkin also became a member at the 'Amen-Ra' temple, another Golden Dawn centre, in Edinburgh later the same year.

In a letter to his colleague van Eeden written in 1894, Lloyd Tuckey talks of his plans of

going in seriously for a course of occultism and I expect to emerge from it more liberal minded and with extended sympathies. I find it so necessary to take up new lines of thought from time to time or I become petrified.⁵⁰¹

The casual nature of the comment in Lloyd Tuckey's letter about taking a course makes it clear that Tuckey was simply interested in another source of knowledge that he did not view as either sinister or spurious or antithetic to scientific inquiry. This would be consistent with the views of some of his friends and the links to ideals of self-development that I previously discussed. With his growing expertise in hypnotism, it seems likely that he wished to investigate all avenues of knowledge on the subject. However, the highly secretive nature of the group and its members was likely to be attractive. Lloyd Tuckey had demonstrated that at this stage he could not be public about his occult interests by refusing to write for *Borderlands*.

The magic practitioners in the Golden Dawn secret society might have preferred to use self-hypnosis or meditative techniques but did experiment with hypnotism in rites such as those for astral projection.⁵⁰² The Golden Dawn's message of personal betterment through industry, private study and arcane teaching resonated powerfully with many middle-class professionals and was a powerful draw in the late Victorian period. Their teaching on personal will and hypnosis are also relevant to my thesis. As part of the 'ceremony of admission' vows for neophytes, after learning their new name for the first time, the novices must promise:

I will not suffer myself to be hypnotized, or mesmerized, nor will I place myself in such a passive state that any uninitiated person, power, or being may cause me to lose control of my thoughts, words or actions. Neither will I use my Occult powers for any evil purposes.⁵⁰³

Occultists were very wary of the possibility of being under attack by other malign magi or ethereal beings using hypnotism or their will which amounted to the same thing. The Wiccan historian, Ronald Hutton highlights the significance of the

⁵⁰¹ CLT, Letter to van Eeden, 19 August 1894, Allard Pierson.

⁵⁰² John William Brodie-Innes, "Flying Roll No. XXV: Essay on Clairvoyance and Travelling in the Spirit Vision," in *Ritual Magic and the Golden Dawn: Works by S. L. MacGregor Mathers and Others*, ed. by Francis King, (Rochester: Destiny Books, 1997) (pp. 85-89) (p. 86).

⁵⁰³ Gilbert, *Dawn Companion* (p. 45).

Victorian magical societies in formalising witchcraft and summarises that within a magical ritual,

[T]he object and centre of each operation was [now] the magician, and its aim was to bring him or her closer to spiritual maturity and potency, by inflaming the imagination, providing access to altered states of consciousness, and strengthening and focusing will-power.⁵⁰⁴

Many magicians saw themselves in a constant battle of wills, attempting to keep their own personal agency and psychic integrity. Two occultists with close links to the Golden Dawn, were preoccupied by the malign power of ill-will and saw it as an aspect of hypnotism: Dion Fortune and Anna Kingsford. Fortune, born Violet Firth (1890-1946), was both a Theosophist and ceremonial magician. She also trained in psychology and psychoanalysis at the University of London and Brunswick Square and will reappear in chapter seven. She was so preoccupied by the possibility of magical willed attack that she wrote an entire book *Psychic Self-Defence* based on her own experiences.⁵⁰⁵ She described the link with hypnotism and cited earlier work such as the Christian scientist, Mary Eddy's writing on malicious animal magnetism.

Trained in Paris, Anna Kingsford was one of the UK's first female medical graduates. She was also a fervent anti-vivisectionist and the president of the London Lodge of the Theosophical Society from 1883-4. Kingsford claimed that one of the reasons that she had pursued the practice of ceremonial magic was in order to direct 'elemental forces' at vivisectors 'especially M. Pasteur', one of France's foremost physicians and advocates of animal experimentation in medicine.⁵⁰⁶ If her diaries are to be believed, she was responsible for 'willing' the deaths of the eminent physicians and experimental physiologists Claude Bernard and Paul Bert, probably the most notorious of the French vivisectors.

Lloyd Tuckey was initiated into the outer order of the Golden Dawn at its Isis-Uranis temple in London on July 21st, 1894.⁵⁰⁷ The membership of the temple was deliberately small and exclusive. Only 29 people were nominated and accepted for membership that year including George Rowell, an anaesthetist at Guys Hospital. All neophytes would appear blindfolded in front of an altar decorated with a cross

⁵⁰⁴ Ronald Hutton, *The Triumph of the Moon* (Oxford: Oxford University Press, 1999) (p. 82).

⁵⁰⁵ Dion Fortune, *Psychic Self-Defence* (London: Rider, 1930).

⁵⁰⁶ Letter to Lady Caithness 12 May 1884, in *Anna Kingsford – Her Life, Letters, Diary and Works*, ed. by Edward Maitland, 2nd ed, 2 vols (London: George Redway, 1896) Vol. 2, (p. 168).

⁵⁰⁷ Gilbert, 'Membership', (p. 153).

and triangle, a red rose, and a red lamp. They would wear a black gown, red shoes and a sash and hold a rope. During the ceremony they would take on a new name to symbolise their rebirth and Lloyd Tuckey chose the Latin motto, *Stant Robora Vires* or 'virtues stand like trees.'⁵⁰⁸

However, Lloyd Tuckey's membership with the organisation was short-lived. The public attitude started to shift away from the occult by the end of the century.⁵⁰⁹ We must assume that he took his training further than the initiation ritual though, since the letter to van Eeden was written after he had gone through that ceremony. It seems he took his studies no further than the basics, as he did not proceed to the inner order and resigned from the order in November 1895. However, this does not mean that he gave up his mystic or spiritualist views. He wrote an article on hypnotism for the *Occult Review* in 1904 which starts:

The revival of interest in hypnotism was one of the of the first signs of the reaction against crude materialism which marked the last quarter of the nineteenth century. Hypnotism may be considered as a connecting link between occultism and materialism, [...] demonstrating the truth of spiritualism [and] offering a rational explanation to apparently mysterious phenomena.⁵¹⁰

5.4.2 The Society for Psychical Research

For Lloyd Tuckey, the occult was not the only available methodology with which to investigate the mysteries of the will and subjectivity. While his association with the ceremonial magic of the Golden Dawn, lasted not much more than a year, he remained an active member of the more reputable SPR for more than thirty years between 1889 and 1921, resigning only when forced by ill health. It is clear from his writing on hypnotism and other subjects that Lloyd Tuckey was profoundly influenced by his membership of the group. The work of Frederic Myers and Edmund Gurney in particular can be seen in his views and understanding of hypnotism: from dual consciousness to enhancing mental abilities and the subliminal self.

⁵⁰⁸ Kuntz, *Source Book*, (p. 216).

⁵⁰⁹ In 1901 Frank Jackson was prosecuted for the rape of 16-year-old. Although not himself a member of the Golden Dawn, he had stolen documents from the society and had recreated their rites. The case attracted close tabloid newspaper coverage. *Inter alia*, Anon, 'The Horos Creed' *Evening News*, 17 October 1901, p. 3)

⁵¹⁰ CLT, 'Some Phases of Hypnotism', *Occult Review*, 1 (1905) 51-57 (p. 51).

The SPR remains the most well-known and influential of all the British psychic research groups. It was founded in 1882 by a group of spiritualists and psychic investigators primarily for the purpose of providing scientific evidence of the existence of life after death. Spiritualists and mediums like William Stainton Moses were balanced by Cambridge academics, Frederic Myers, Edmund Gurney and Henry Sidgwick. Their stated aims were:

to approach these varied problems without prejudice or prepossession of any kind, and in the same spirit of exact and unimpassioned enquiry which has enabled science to solve so many problems, once not less obscure nor less hotly debated.⁵¹¹

With its eminent membership and scientific approach, it was a far more respectable organisation for Lloyd Tuckey to join and further his professional and private interests. The SPR had recognised the significance of hypnotism from its foundation. They viewed it as an empirical practice which could be used to scientifically investigate a variety of psychic phenomena: 'No line of investigation seems to us more hopeful than this for our purposes if pursued in a serious and scientific manner.'⁵¹² They established a specific committee to investigate the technology which was initially chaired by the brilliant Edmund Gurney and then by George Wylde, the physician homeopath and spiritualist.

Gurney and the co-founder Frederic Myers and Myers' brother, the doctor Arthur, were among the first British scientists to travel to France to learn about hypnotism in Paris under Charcot and then in Nancy with Liébeault. Gurney edited the SPR journal *Proceedings* in which he reported experiments in mentally normal volunteers apparently revealing 'secondary selves' during trance and post-hypnotically. Gurney, Myers, and the American psychologist William James would use this as evidence for the non-pathological nature of hypnotism an important difference from Charcot's work which contended that hypnotism was only effective in the neurotic.

Such was his expertise that Gurney, a non-medic, was invited to make a presentation on hypnotism to the BMA annual meeting in 1890. In the absence of a university base for the emerging discipline of psychology, the SPR were the organisation to convene the second International Congress in London in 1892. Hypnotism was well-represented on the agenda. Both of which demonstrate the

⁵¹¹ Edmund Gurney, Frederic Myers, Frank Podmore, *Phantasms of the Living* (London: Trübner, 1886) (p. xxxvii).

⁵¹² Anon, 'Mr Hansen's Hypnotic Demonstrations', *Journal of the SPR*, 4 (June, 1889) (p. 86).

importance of the SPR for the British development of the discipline of psychology and the early importance of hypnotism for that discipline.

Critically, for the emerging field of psychology, the SPR's leading theorist, Frederic Myers used the observation of the phenomenon of post-hypnotic suggestion as a way of demonstrating the reality of dual or multiple consciousness, a critical milestone in early psychological thinking:

I suggest, then, that the stream of consciousness in which we habitually live is not the only consciousness which exists in connection with our organism. Our habitual or empirical consciousness may consist of a mere selection from our multitude of thoughts and sensations, of which some at least are equally conscious with those that we empirically know. I accord no primacy to my ordinary waking self, except that among my potential selves this one has shown itself the fittest to meet the needs of common life.⁵¹³

He used as one of his supporting proofs, that it was possible to experimentally demonstrate that a man could carry out an action that had been planted while in trance and remain unconscious of the command and later believe that he was acting from his own choice and free-will.

It is also fair to say that Lloyd Tuckey was an active and influential member of the SPR himself. As a bibliophile, he sat on the library committee of the SPR from 1894 till 1918. He donated money and books and was involved in the growth of the collection, particularly the Edmund Gurney section on hypnotism. He regularly reviewed texts on hypnotism for the *Proceedings of the SPR*.⁵¹⁴ In 1894, he and Milne Bramwell had joined the hypnotism committee and Lloyd Tuckey became its chairman the following year. Here he could explore the nonmaterialistic aspects of hypnotism using scientific methods. His appointment was an important step forward in the written aims of the SPR which as early as 1883 had included persuading the medical profession to admit the validity of hypnotism. Myers' biographer Trevor Hamilton suggests that 'one of the [later] triumphs of the SPR was gradually to increase the medical profession's awareness of hypnosis.'⁵¹⁵

The hypnotism committee met regularly. Over their busiest times this was more than twice a month. They experimented with professional English clairvoyants like Maud Lancaster and George Smith in addition to famous hypnotic entertainers

⁵¹³ Frederic W. H. Myers, 'The Subliminal Consciousness: Chapter 1 – General Characteristics of Subliminal Messages', *Proceedings for the SPR*, 7 (1891) pp. 298-327 (p. 301).

⁵¹⁴ *Inter alia* CLT, 'Reviews', *Proceedings of the SPR*, 14 (1898) (pp. 139-43); CLT, 'Reviews', *Proceedings of the SPR*, 16 (1901) (pp.103-4).

⁵¹⁵ Hamilton, *Longings* (p. 124).

like the Dane, Carl Hansen. Carl Hansen and the Belgian-born, Donato (Alfred Edouard D'Hont) had both had careers touring Europe between the late 1870s and 1880s. They were great self-publicists and often arranged to meet with local scientists and journalists to promote their travelling shows. Both offered a new take on older mesmeric entertainments by blurring the distinctions between magic and science. Gauld credits Hansen with 'stirring the interest' of the German-speaking doctors Heidenhain, Krafft-Ebing and Benedikt.⁵¹⁶ Donato is said to have inspired van Eeden and Renterghem.⁵¹⁷

However, by the 1890s most of the work of the committee was more prosaic using young male volunteers obtained by newspaper advertisements. Lloyd Tuckey gave updates on the results of their experiments. The most detail of these trials is given in the report for 1895, which reads like an extract from Conan Doyle's *The Parasite*. The members of the committee were particularly looking at thought transference ability under hypnotism, combining Myers' ideas of telepathy with Puységur's much older ideas of enhanced perception in the trance state. They undertook 61 experiments, in which the committee member was able to see a playing card but the hypnotised subject who was *en rapport* could not and had to guess the suit and number:

A total of 817 cards were tried, out of which the subjects correctly told 214 suits, 79 pips [the number on the card] and 19 whole cards. The most probable number of successes by chance would be 204, 63 and 16, respectively.⁵¹⁸

They investigated whether success rates improved with direct physical contact (which they did) and noticed that the subject sometimes guessed the preceding card. However, Lloyd Tuckey concluded that the 'excess [of successes] was not very great, and the successes in every case fell short of the numbers required to prove some other cause than chance.'⁵¹⁹ In a later report for the same committee he writes more personally and less objectively 'we do not despair of finding subjects who will enable us to offer convincing evidence of their reality [advanced psychical phenomena, such as telepathy and clairvoyance].'⁵²⁰ While all scientists hope for observations, data and evidence that will confirm their *a priori* hypotheses, this comment sums up the needy form of intellectual agnosticism that characterised

⁵¹⁶ Gauld, *Hypnotism* (pp. 302-6).

⁵¹⁷ Ilse Bulhof, 'From Psychotherapy to Psychoanalysis: Frederik van Eeden and Albert Willem van Renterghem', *Journal of the History of Behavioral Science*, 17 (1981) (pp. 209-21).

⁵¹⁸ CLT, 'Report of the Hypnotic Committee', *Proceedings of the SPR*, 11 (1895) 594-8 (pp. 594-5).

⁵¹⁹ CLT, 'Report' (p. 597).

⁵²⁰ CLT, 'The Hypnotic Committee', *Proceedings of the SPR*, 13 (1897) (p. 32).

the SPR. In their search for evidence of spiritualist manifestations they were examining the nature of consciousness and creating a very English school of psychology. They were investigating what their Nobel winning member Charles Richet called 'transcendental psychology.'

Lloyd Tuckey was an important if historically neglected member of the SPR council. While he was on the council, the society faced an existential crisis with the deaths of Sidgwick in 1900 and Myers in 1901. Myers had been their president until his unexpected death. The loss of two of their founding and most illustrious members in quick succession was a difficult blow for the SPR. The council had the job of selecting an appropriate new president who had to combine strong links to the establishment and impressive scientific credentials with a belief in the work of the club. Tuckey wrote with the council to the Nobel prize-winning physicist Lord Rayleigh who was already a member, articulating their mission:

We have hoped that an ultimate outcome of our research might be a scientific proof of the continuity of individual intelligence and memory across the psychical event called death.⁵²¹

Lord Rayleigh took several days to decide before declining and the post was then offered to another physicist, Oliver Lodge who accepted.

The SPR survived the losses and continued to grow. By 1911, the number of other medical members had grown to the point that a separate medical section was established.⁵²² This group only ran until 1916. Presumably there were fewer medical members as a result of WWI and there were other more formal orthodox opportunities for doctors interested in psychology and psychotherapeutics. Lloyd Tuckey remained on the council until 1921 till his poor health prevented his attendance.

In this chapter I have returned to the life and networks of Charles Lloyd Tuckey and brought together several of the major strands of my arguments. I have shown that by the 1890s medical hypnotism was on the verge of both public acceptance and professional legitimacy. I have demonstrated that at this time hypnotism was a major cultural phenomenon that raised the profile of therapeutic hypnotism for the general public. Hypnotism was also an important element of fringe science and

⁵²¹ John Strutt, Lord Rayleigh eventually agreed to become president of the SPR in 1919. CLT and Others, 'Memorial to F. W. H. Myers', *Journal of the SPR*, 17 (1901) 58-60 (p. 59).

⁵²² Anon, 'Formation of Medical Section', *Journal of the SPR* (1911) (p.51).

occultism. I have also shown the complex nature of the connections that hypnotism held. Hypnotic therapy was controversial for a variety of reasons: the longstanding associations of its direct predecessor, mesmerism to quackery, entertainment and mysticism, and the more recent fictional fears of hypnotism's power of enslavement and brain damage.

Chapter 6: Hypnotism in the 1890s Medical Sphere

The improved acceptability of therapeutic hypnotism for the medical doctors came in part from the development of the new explanatory model for hypnotism. The paradigm shift came as the theoretical mode of action moved from imagination to suggestion. While the imagination had lost favour over the latter half of the nineteenth century, the transition to suggestion occurred gradually over the course of the late 1880s and 1890s. Lloyd Tuckey's books and personal advocacy helped to change medical as well as public opinion which were separate but overlapping spheres. Although the prevailing opinion of any group is notoriously hard to measure there were several events that demonstrate that medical opinion was changing fast in the early 1890s. The first of these was the creation of a body to examine the therapeutic potential of hypnotism by the British Medical Association which is covered in the first part of this chapter. There was an inevitable reactionary response to hypnotism from the medical establishment. The conflict between Lloyd Tuckey and the New Hypnotists and the *BMJ* editor Ernest Hart is the subject of the second section.

6.1 Hypnotism and the BMA Committee of Inquiry

In July of 1890 Lloyd Tuckey wrote asking for assistance from all of his physician friends in Europe who practised hypnotism. Among them was van Eeden, whom he asked to help him prepare for a conference that he was to be involved in: 'There is to be a great battle about hypnotism at the meeting of the British Medical Association next week at Birmingham and I am appointed to answer Dr Norman Kerr's contention that the practice should be forbidden.'⁵²³ The presentations were organised by the relatively newly founded Section of Psychology at the 58th annual national meeting of the BMA, held at the Birmingham Medical Institute.⁵²⁴ At this time the BMA had more than 13,000 members or two thirds of all practitioners and the regular meetings helped to establish shared professional values as much as provide education about new medical innovations and discoveries.⁵²⁵

⁵²³ CLT to Frederik van Eeden, 14 July 1890. Allard Pierson.

⁵²⁴ The Section of Psychology of the BMA was established in 1870. The care of the mentally ill was not considered to be a prestigious branch of medicine.

⁵²⁵ Anon, 'British Medical Association', *Times*, 30 July 1890, p. 9.

The *Times* reported daily on the entire congress but suggested that public interest 'centred chiefly on the psychological division.'⁵²⁶ As a part of the discussion Lloyd Tuckey and George Kingsbury both lectured and then gave demonstrations of hypnotism on two volunteers in front of an audience of 200 medical men. One volunteer was well known to dislike public speaking but was told under hypnosis that he was the parliamentary candidate for Birmingham and the audience wanted to hear his address. He was then able to speak. The other subject was made to adopt a sitting posture without any support to his body, and he remained in that 'most uncomfortable attitude' for several minutes.⁵²⁷ He was also made to imagine great pain in his thumb, paralysis of the left leg and an inability to move his arm. The medical reporter for the *BMJ* opined:

The manner in which these demonstrations were carried out seemed to produce a strong impression on the minds of many of the speakers in the discussion that followed, who, admitting the spirit of scepticism with which they had come to the meeting, stated that they would leave it impressed with the necessity of having the subject thoroughly investigated.⁵²⁸

The resemblance to any Victorian mesmeric stage show of the previous fifty years is unmistakeable but without irony, the conclusion of the assembly was that public performances should be banned and hypnotism should be restricted to medical practitioners. The discussion that followed appears to have been quite heated in that the following day George Kingsbury was commended for his equanimity in the face of 'the heckling and harsh cross-examination of members.'⁵²⁹ Norman Kerr, one of the most vocal critics had given the opening address and provided the usual criticisms of weakening of the will and energy levels with repeated hypnotism, automatic obedience and hypnosis as a neurosis itself. But he had perhaps misjudged his audience with his reported polemic:

Each seance might bring the hypnotee [sic] more under the control of the hypnotist, ending often in the complete submission of the former to the will of the latter. A jellyfish slavery, without mental or moral backbone, was infinitely worse than days of pain and nights of agony.⁵³⁰

Ironically, these fears were the same fears as those of the magicians of the Golden Dawn. Kerr was either unable or did not bother to provide any evidence for his claims and Kingsbury asked him whether he really meant that he preferred to 'have

⁵²⁶ Anon, 'British Medical Association', *Times*, 2 August, p. 10.

⁵²⁷ Anon, 'British Medical Association', *Times*, 1 August, p. 13.

⁵²⁸ Anon, 'Hypnotism as a Therapeutic Agent', *BMJ*, 23 August 1890, (p. 465).

⁵²⁹ Anon, 'BMA', p. 10.

⁵³⁰ Anon, 'BMA', 3 August, p. 13.

a man remain a drunkard than be cured by hypnotism.’ He went on to suggest that ‘Such a statement was not only injurious, but positively wicked.’⁵³¹ This led to vocal support from the floor.

The end result of the meeting was unanimous agreement that the section should not ‘allow the matter to rest’ and that a committee should be appointed to ‘investigate the subject, and to endeavour to ascertain the true phenomena of hypnotism and the value of its use in the treatment of disease.’⁵³² The ten man committee and secretary included an academic, several asylum superintendents, general practitioners and both Hack Tuke and George Kingsbury. The conservative, reactionary medical profession was taking hypnotism seriously. This represented a major advance for the technique and easily surpassed the medical reception that Elliotson had achieved in his lifetime. This was also very different to the reception received by the Salpêtrière physician Auguste Voisin only the year before from the same group. He had given a paper to the Section of Psychology on ‘The Treatment of Mental Disease by Hypnotic Suggestion’ and was met with incredulity.⁵³³ Though in order to create an accurate impression, it should be noted that Voisin had claimed efficacy for hypnotism in a very wide range of conditions from idiocy to mania and masturbation.

The establishment of a Committee of Inquiry to investigate hypnotism and provide a consensus statement was subsequently approved by the main board of the BMA. The group first met in December 1890.⁵³⁴ Their first act was to vote the asylum superintendent Dr Frederick Needham, the president of the Section of Psychology, as their chair. They then decided on the following headings as a basis for their research: the nature of hypnotism and its nervous and mental relations; its general or limited applicability as a therapeutic agent in different classes of disease; the degree and mode of its influence on morbid conditions; and its dangers and the necessary safeguards. As a result of his experience and his ability to induce hypnosis, Dr Kingsbury agreed to visit the committee members at their hospitals and asylums to assist them with their experiments.

In 1891, the committee reported to the BMA council at their annual congress that they had not completed their investigation. The following year in Nottingham, they presented their first report declaring that they had satisfied themselves of the

⁵³¹ Anon, ‘BMA’, 2 August, p. 10.

⁵³² Anon, ‘A Discussion on Hypnotism in Therapeutics’, *BMJ*, 23 August 1890, 442-9 (p. 446).

⁵³³ Anon, ‘The Section of Psychology’, *BMJ*, 21 September 1889, 646-51 (p. 649).

⁵³⁴ Anon, ‘The Committee on Hypnotism’, *BMJ*, 13 December 1890, (p. 1389).

genuineness of the hypnotic state but rejected animal magnetism as a credible theory. They had found that hypnotism was frequently effective in 'relieving pain, procuring sleep and alleviating many functional ailments' while the evidence in the treatment of drunkenness was 'encouraging but not conclusive.'⁵³⁵ They made a number of recommendations that later George Kingsbury would claim to have instigated but which can be traced back to Lloyd Tuckey's 'FH'. This was covered in chapter one and included restriction of therapeutic hypnotism to medical practitioners, same sex chaperones for women during treatment and a call for a ban on public exhibitions of hypnotic phenomena.

The initial response of the BMA council was to refer it back for 'further examination and report.' Essentially this meant that the leaders of the BMA did not like the conclusions of the report and wanted changes. The committee duly obliged and resubmitted the document the following year at the AGM in Newcastle, adding further documentary evidence in the form of extensive appendices. However, the main summary of the report was left unaltered which presented a serious problem to the BMA. By 1893, as a result of the efforts of Ernest Hart the cultural backdrop had changed and hypnotism was not a trivial fringe concern. As I have demonstrated, it had redeveloped a significant public profile and fictional representations of hypnotism merged with those of fictional mesmerism and generated significant anxiety among the general public.

Despite being viewed by some members of the hypnotism committee and the hypnotism lobby as 'too cautious and not sufficiently dogmatic,' the report from the upstart Section of Psychology was viewed by the BMA council as potentially damaging.⁵³⁶ One of the council members, the editor of the *Medical Times* and a surgeon, George Brown was very opposed, asking:

What was hypnotism? Could it be weighed in the balance? Was it a thing that could be administered in disease in a liquid, solid, or any other form? The whole thing was imaginary from beginning to end. They must know as professors of physical science that mental influence could not cure disease. It might cure imaginary disease, and doubtless did so. They knew the action of fear and many other things, but it was another thing to pledge the Association to hypnotism as a thing to cure disease.⁵³⁷

⁵³⁵ Frederick Needham and Thomas Outterson Wood, 'Report of the Committee appointed to Investigate the Nature of the Phenomena of Hypnotism; Its Value as a therapeutic Agent; and the propriety of using it' *BMJ*, 23 July 1892, 190-1 (p. 190).

⁵³⁶ Anon, 'BMA Annual Meeting' *BMJ*, 5 August 1893, 321-9 (p. 324).

⁵³⁷ Anon, 'BMA Annual' (p. 324).

The comments demonstrate the highly materialist nature of medical orthodoxy and the fact that the origins of ‘diseases of the imagination’ had been forgotten, becoming instead imaginary or ‘made up’ diseases. However, other factors were at play. As Mary Leighton has argued: ‘the figure of the hypnotist *was* [original emphasis] fraught with popular culture connotations that rendered it a risky position for medical men to assume in the mid-1890s.’⁵³⁸ The BMA council took the decision to shelve the report. George Kingsbury summarised the affair, somewhat bitterly, five years later:

The Committee, consisting of eleven eminent physicians and myself, officially appointed by the association, investigated the subject of hypnotism as a therapeutic agency and reported favourably; the Association, represented at Newcastle in 1893 by a handful of gentlemen not having investigated the subject, felt that it was wiser for them to ‘receive’ the Committee's report with thanks than to formally ‘adopt’ it.⁵³⁹

Notwithstanding the above, Lloyd Tuckey included the committee’s report in the appendix of several subsequent editions of *Psycho-Therapeutics* and portrayed the development in positive terms within the main text:

The most important recent event connected with the progress of hypnotism in this country was the appointment of a commission by the British Medical Association as a result of the important discussion at the annual meeting held at Birmingham in 1890. [...] It is hoped that the result will be increased interest in the subject by medical men and the prohibition of its use by showmen and idlers.⁵⁴⁰

This decision by the council could be seen as short term and politically motivated. The issue of the legitimacy of therapeutic hypnotism would not go away and eventually the BMA passed a formal resolution approving it and recommending its instruction to medical students. However, this was not to be until 1955.⁵⁴¹ Nevertheless, the BMA’s 1893 decision certainly did not represent either the British medical profession’s wholesale rejection or acceptance of the technique in the 1890s as it is sometimes portrayed and I will demonstrate the consequences in the next chapter.

⁵³⁸ Leighton, “‘Hypnosis Redivivus’” (p.105).

⁵³⁹ The original committee was of 11 men but as a result of the death of Dr Ross led to his replacement by Mr. Langley, a Cambridge physiology lecturer, meaning that Kingsbury had 11 colleagues on the committee; George Kingsbury, ‘Correspondence: The BMA and Hypnotism’, *BMJ*, 26 February, 1898 (pp. 591-2).

⁵⁴⁰ CLT, *Psycho-Therapeutics* 4th ed (1900) (pp. 6-7).

⁵⁴¹ British Medical Association, Psychological Medicine Group Sub-committee, ‘The Medical Use of Hypnotism’ Supplement to the *BMJ*, 23 April 1955, (pp. 190-3).

If the anti-hypnotism lobby believed that the argument was settled by the decision of the BMA, why would the *BMJ* continue to criticise hypnotism and why would Ernest Hart set up a publicity event to ridicule the gullibility of his medical colleagues (even if they were in favour of hypnotism) and why write the review of *Trilby* with which I started the chapter?

6.2 The Battle for Legitimacy with Ernest Hart

Ernest Abraham Hart (1835-1898) was the editor of the *BMJ* from January 1876 until his death in January 1898. Although not quite the longest-serving editor of the journal he was its most ‘controversial, powerful and influential’ editor.⁵⁴² Despite this, several historians have noted the absence of a proper biography for Hart and describe his life variously as an ‘enigma’ and ‘shadowy’; some of the controversy stems from some shady financial dealings with the journal’s money for which he was temporarily suspended from office, his advertising his own mineral water in the journal and his involvement by omission or design in the death by poisoning of his first wife Rosetta Levy, when he was just 22.⁵⁴³ His wife had died from an overdose of the tincture of aconite that he had prescribed. The rumours even inspired a novel, *Dr Phillips: A Maida Vale Idyll* (1887).⁵⁴⁴

Hart’s medical background was in ophthalmic surgery, being the first to describe the ganglionic network that sits above the iris and to introduce medicated gelatine discs into routine ophthalmic practice.⁵⁴⁵ However, he is best known for his achievements as a medical journalist. He was a precocious talent. While attending the City of London school, the only public school of merit that accepted boys from Jewish backgrounds, he submitted articles to periodicals for publication. He continued to pick up academic prizes and publish outside of medicine as a medical student at St. George’s Medical school. He was promoted to junior consultant by the age of 22 and became the Dean of St. Mary’s medical school at the age of 28.

⁵⁴² Peter Bartrip, Ch. 4 and 5, ‘A Gigantic National Institution’ and ‘Campaigns and controversies’, *Mirror of Medicine: A History of the British Medical Journal* (Oxford: British Medical Journal and Clarendon Press, 1990) pp. 63-92 and pp. 93-120 (p. 63).

⁵⁴³ Bartrip, *Mirror of Medicine*, p. 63; Leighton, “‘Hypnosis Redivivus’”; David Ryde, ‘Ernest Hart – A Forgotten Man’, *Journal of the College of General Practice*, 12 (1966) (pp. 345-57).

⁵⁴⁴ Frank Danby, *Dr Phillips: A Maida Vale Idyll* (London: Keynes Press, 1989).

⁵⁴⁵ Ryde, ‘Ernest Hart’ (p. 346).

He honed his writing skills while training as an ophthalmic surgeon by joining the staff at the *Lancet* in 1858. He worked under the editor James Wakley (the son of Elliotson's friend and unlikely nemesis, Thomas) with whom he fell out when he refused to make him co-editor. At the age of 31, he was appointed to the editorship of the *BMJ* in August 1866. Over the course of the next 32 years, he had successfully increased its weekly circulation from 2000 to 20,500 thereby securing the finances of both the journal and the BMA itself.⁵⁴⁶ In the process, in the words of the obituarist from the *Practitioner*, a rival journal, he had turned the *BMJ* into a 'gigantic national institution.'⁵⁴⁷

Under his leadership, the *BMJ* moved away from being the newsletter of the association. Previously it had narrowly represented the professional and business matters of the British Medical Association (the BMA remains the trade and professional body of all medical doctors). With Hart as editor, the *BMJ* started publishing high quality scientific papers and clinical material and developing a more international outlook. Hart's editorials in particular, offered a consistent, authoritative and independent voice. The *BMJ* and other contemporary medical journals like the *Lancet* also had a subtler social role in helping to establish medicine as a socially responsible, beneficent and reputable professional enterprise with members who held shared values.

One particular aspect that marked out Hart's tenure as editor, was his engagement with the socio-political issues of the day. He was described by the *Medical Magazine* as 'unquestionably the foremost public man of his day [...] in the modern science of preventative medicine.'⁵⁴⁸ He campaigned for improvements in municipal sanitation, clean milk, air quality in cities and compulsory vaccination. He drew considerable criticism outside the medical profession for his views in favour of medical vivisection but also turned his pen against the lucrative business of baby-farming (previously discussed in the section on L.T. Meade in chapter four), as well as the working conditions in factories and the learning environment of pauper schools.⁵⁴⁹ His editorials could be highly combative and he was responsible for destroying individual careers as well as a number of important public health campaigns which were highly effective.

⁵⁴⁶ Bartrip, *Mirror of Medicine*, (p. 7).

⁵⁴⁷ Anon, 'Obituary – Ernest Hart', *Practitioner*, 60 (1898) 117-8 (p. 117).

⁵⁴⁸ Anon, 'Obituary', *Medical Magazine*, Jan 1898, 34-5 (p.34)

⁵⁴⁹ Anon, 'Obituary: Ernest Hart', *BMJ*, January 15, 1898, (pp. 175-86).

Another general area of Hart's lobbying was for improvements in the life and prestige of medical doctors.⁵⁵⁰ He ensured that physicians in the armed forces were given an officer's rank and treated that way. He established a library for the BMA, donating his own book collection. He fought for proprietary medicines to show their ingredients on their label and for prosecutions against patent compounds containing poisons.⁵⁵¹ The Medical Act of 1858 had already enshrined in law that it was 'expedient that Persons requiring Medical Aid should be enabled to distinguish qualified from unqualified Practitioners.'⁵⁵² This legislation had effectively separated physicians trained through the universities and medical schools from other unlicensed healers. Hart used the pages of the *BMJ* and high circulation national newspapers to rail against the harm done to the public by unqualified and unregistered quacks (and so promote the business of physicians).⁵⁵³ He encouraged editors and newspaper owners to refuse advertising space to unlicensed practitioners and patent remedies.⁵⁵⁴ In similar fashion to the *Lancet* under Thomas Wakley, an important role of the *BMJ* was to clearly demarcate trustworthy orthodox medicine from untrustworthy quackery. Such boundary work between science and non-science becomes more important when status, identity and mercenary factors are at stake.⁵⁵⁵ This is why it was so important for a figure like Lloyd Tuckey to tread the right path between orthodoxy and heterodoxy when hypnotism became so controversial in the public sphere of the 1890s.

The American sociologist, Terry Parsinnen argued that the reason for the failure of mesmerism in the 1840s compared to the success of the New Hypnotism in the 1890s was the increased standing and security of the medical profession at this time. He proposes that:

What had changed at this time was not so much the theory or even the practice of hypnotism but rather the professional community that received it. By the 1890s, the British Medical profession was established legally rather than struggling for acceptance, and hypnotism was not associated with a dangerous popular culture phenomenon, as mesmerism had been. Moreover, etiology and therapeutics were not areas of contention that they had been, and the profession was not beset by such fundamental challenges as it had been in the 1840s.⁵⁵⁶

⁵⁵⁰ Ryde, 'Ernest Hart' (p. 346).

⁵⁵¹ Bartrip, *Mirror of Medicine*, (pp. 190-1).

⁵⁵² Preamble from The Medical Act of 1858 (21 and 22 Vict. Cap. 90) (passed 2 August 1858).

⁵⁵³ Ernest Hart, 'The Practice of Quacks. Collective Investigation' *BMJ*, 21 July 1894 (p. 153).

⁵⁵⁴ Ernest Hart, 'The Press, The Quacks and the Public' *BMJ*, 27 January 1894 (p. 208).

⁵⁵⁵ Geiryn, 'Boundary-Work' (pp. 792-793).

⁵⁵⁶ Terry Parsinnen, 'Professional Deviants and the History of Medicine: Medical Mesmerists in Victorian Britain', *Sociological Review*, 27, Supplement 1 (1979) 103-20 (p. 117).

However, while I agree with Parsinnen's view that hypnotism did eventually find favour at the fin de siècle, I believe his thesis to be an oversimplification and that there were other significant contributing factors to this. I also have objections to some of his central contentions. Firstly, by the 1890s hypnotism had just re-emerged as 'a popular culture phenomenon'. Second, inasmuch as the journals can be seen to represent medical culture, under Hart the *BMJ*, like other medical journals, remained staunchly orthodox and regularly called out quackery which in Parsinnen's view indicated continuing professional insecurity. Third, the improved standing of the medical profession at this time may have made some physicians more willing to promote some of the fringe sciences but the reception given to homeopathy at the time (as illustrated by the Margaret Street Infirmary incident) demonstrate that acceptance and legitimacy were by no means guaranteed and the professional punishment for transgression remained severe: themes I will expand on later.

Returning to Hart, all of his obituaries make mention of the enemies that he had made during his career. The medical historian, Peter Bartrip suggests that this was the result of a combination of his driving ambition, pushiness and plain antisemitism. Hart himself was not distressed by his developing enemies and saw it as a mark of good journalism and editorship. In an address to the American Medical Editors association in 1893 he said: 'An editor needs and must have many enemies; he cannot do without them. Woe be unto the journalist of whom all men say good things.'⁵⁵⁷

I am picking up on this point because one of Hart's battles was against hypnotism. Over the 1890s and right up until his death in 1898, he became increasingly hostile and vituperative towards the topic and those physicians who were using it. He was particularly abusive and personal towards Charcot's colleague, Dr Jules Luys for his credulousness towards more bizarre aspects of hypnotism.⁵⁵⁸ Hart's abrasive style meant that those that tried to oppose him could expect rough treatment in the pages of the *BMJ*. As editor he could also choose what to publish and what not to publish. In response the New Hypnotists were forced to promote medical hypnotism in the lay journals and periodicals, away from the medical journals. He used the *BMJ* to snipe at his opponents:

⁵⁵⁷ Ernest Hart, 'American Editors Association', *BMJ*, 1 July 1893, 19-20 (p. 20).

⁵⁵⁸ Ernest Hart, 'Mesmerism and the New Witchcraft' (London: Smith and Elder, 1893). His articles on hypnotism were collected and republished in Ernest Hart, *Hypnotism, Mesmerism and the New Witchcraft*, enlarged ed. (London: Smith and Elder, 1896).

Dr. Tuckey would do well to submit to impartial medical observation and criticism the cases upon which he bases his claims.⁵⁵⁹

When Tuckey did write in reply to the criticisms, Hart did not deign to publish his letter instead criticising him for providing his personal records of cases rather than external validation.⁵⁶⁰ This fractious debate with the medical hypnotists was neglected at the time by his obituarists and there is no space for the argument in the Bartrip chapters devoted to Hart's time at the *BMJ* (the closest we have to a contemporary biography). However, it was a focus of Mary Leighton's essay and is well covered in Teri Chettiar's more recent work.⁵⁶¹

Previous historians have attempted to simplify Hart's attitude to hypnotism to a consistent hostile opposition. However, Hart's position was more complex and had evolved significantly over time. He had enough of an interest in the technology to go himself to visit Charcot and the hypnotism demonstrations at the Salpêtrière as part of a trip to Paris in 1888. Hart was fully aware of Charcot's reputation and his initial reports of 'Medical Paris of To-Day' as part of the 'Special Correspondence Section' were respectful and broadly favourable.⁵⁶² Based on the notes he had made at the time, Hart's series, which covered a range of Parisian medical developments that included hypnotism, ran from December 1888 to May 1889. He described Charcot as the 'master' and credited him with delineating at least a third of known neurological disorders. He also praised his work on hypnotism:

The hypnotics of the Salpêtrière and the elaborate and admirable studies which have been made of them by M. Charcot are well known to all European physicians, and constitute the chief basis of our present knowledge of hypnotism.⁵⁶³

By March 1891, over five years after the first publication of Bernheim's book, *de la Suggestion* and three years after the Nancy visits and the subsequent publications of Lloyd Tuckey, George Kingsbury and Milne Bramwell, Hart reported in the *BMJ* on the ideas of the Nancy school for the first time.⁵⁶⁴ It is unclear, but seems unlikely, whether he had actually attended the International Congress of

⁵⁵⁹ Ernest Hart, 'Literary Intelligence', *BMJ*, 4 March, 1893 (p. 483).

⁵⁶⁰ Ernest Hart, 'Letters, Notes and Answers to Correspondents', *BMJ*, 18 March, 1893 (p. 618).

⁵⁶¹ Leighton, "'Hypnosis Redivivus'"; Teri Chettiar, "'Looking as Little Like Patients as Persons Well Could'": Hypnotism, Medicine and the Problem of the Suggestible Subject in Late Nineteenth-Century Britain', *Medical History*, 56 (2012) (pp. 335–54).

⁵⁶² Ernest Hart, 'Special Correspondence Section: Medical Paris of To-Day' *BMJ*, 2 February 1889, (pp.266-8).

⁵⁶³ Hart, 'Special Correspondence' (p. 267).

⁵⁶⁴ Bernheim, *de la Suggestion*.

Hypnotism held in Paris that year, but he quoted from its published addresses. In his report, he described the principal differences between the Nancy school of Liébeault, Bernheim and Liegeois and those of the Salpêtrière and Charcot. The article attempted to separate the key concepts of the two doctrines.⁵⁶⁵ It is apparent that Hart was still respectful of 'the master' (Charcot) who had raised the status of hypnotism to a subject worthy of scientific study. He favoured Charcot's views of three distinct hypnotic stages over those of the Nancy ideas that hypnotism represents a state of heightened suggestibility to the physician's curative instructions. Hart accepted the idea that suggestion played a role in hypnotic phenomena but argued against the Nancy school's belief in universal suggestibility, ultimately believing hypnotism to be a pathological state and that those who could be hypnotised must have an underlying pathological neurosis or hysteria. He was highly sceptical of the possibility of heightened sensory perceptions during trance, such as telepathy and clairvoyancy and scorned the excitement this was causing. Despite his promotion of Charcot's work on hypnotism which explored the boundaries between hypnotism and hysteria, he starts to show a more critical perspective towards therapeutic hypnotism:

Hypnotism may frequently be dangerous, and very rarely useful. It may be the cause of crime or of mental disorder; it can really cure no disease not more easily curable by simpler and less dangerous methods [...] The hopes which the therapeutic hypnotist aroused have not been realised, and any expectations of producing by hypnotic methods any desirable moral or mental effect rest upon a totally inadequate basis of fact, and are far from being promising.⁵⁶⁶

Hart did not restrict his efforts against therapeutic hypnotism to the journal which he edited. Like his opponents, he was happy to prosecute the battle in public view and to court public approval within the national newspapers and general journals. It was surely no coincidence that when he came to publish his first essay on hypnotism for a general audience in 1892, it was in the *Nineteenth Century*, the same journal that had published Tuckey's 'FH' in 1888. The tone of the essay was scathing as can be gathered from its title, 'Hypnotism and Humbug', reprising the Okey and Elliotson incident headline from the *Times* from fifty years before.⁵⁶⁷

The article was derived from a presentation that Hart had given to a non-medical audience at the Toynbee Hall in December 1891, as part of his philanthropic

⁵⁶⁵ Ernest Hart, 'Schools and Doctrines of Hypnotism,' *BMJ*, 28 March 1891, (pp.721-3).

⁵⁶⁶ Hart, 'Schools and Doctrines', (p. 723).

⁵⁶⁷ Ernest Hart, 'Hypnotism and Humbug', *Nineteenth Century*, 31 (Jan 1892) (pp. 24-37).

work.⁵⁶⁸ The Hall had been established as a base for graduates of Oxford and Cambridge to support the poor, by Hart's sister-in-law and her husband, the social reformers, Henrietta and Samuel Barnett. It was located in Whitechapel, one of the poorer parts of East London, as a part of the reformist Settlement movement. As well as providing food, shelter and musical entertainment for the poor, it had links to the University and offered basic and higher education. Hart's talk was therefore part of a broader purpose of the intellectual improvement of the poor.

In spite of the critical title, Hart makes some surprising revelations. We learn that Hart has some direct early experience of hypnotism, witnessing a relative with severe arthritis gain the ease of sleep following the intervention of John Elliotson. Hart claimed that as a result of this early experience he had himself investigated and experimented with hypnotism. He disclosed that he had nearly lost his job as a house surgeon, when some friends had persuaded him to hypnotise a young woman in his rooms at a London hospital. She was spotted leaving his rooms unsteadily when she could not be fully roused following Hart's demonstration of hypnotism to his fellows. This incident Hart claimed taught him the danger of meddling. If these revelations are designed to give Hart a platform for his views by demonstrating his knowledge and experience then they appear limited grounds for expertise.

However, Hart's main conclusions were relevant and logically consistent. He proposed that as the means of hypnotic induction and influence were so many and varied, that it was likely that the hypnotised subject that was more important than the hypnotist for the observed phenomena. Like Charcot and Maudsley, Hart continued to view suggestibility or susceptibility to hypnosis as evidence of mental pathology. Also, like these two he had fixed deterministic and organic views of mental illness and could not contemplate the kind of psychodynamic psychiatry that suggestion offered.

The features of the hypnotised were just as relevant to the public acceptance of therapeutic hypnotism as the qualities of the hypnotist. As I demonstrated in the previous chapter, susceptibility to fictional hypnotism was already associated with a variety of other characteristics: weak will, female gender or femininity, creativity, mental illness and South European or Celtic heritage. These qualities reflected in the early hypnotic fictions had to be challenged if therapeutic hypnotism was to gain acceptability with the general public. Lloyd Tuckey, Milne Bramwell and

⁵⁶⁸ Anon, 'Mr Ernest Hart on Hypnotism' *St. James Gazette*, 7 December 1891, p. 5.

George Kingsbury did attempt to develop a counter-narrative, demonstrating in their clinical work and experiments at the SPR that labourers, athletes, military men, and university students (who were all male at this time) were the most suitable for hypnosis.⁵⁶⁹

In his 'Humbug' essay, Hart notes that 'we can contrive to influence the *imagination* [my emphasis] or affect the physical condition of the subject by any of a great number of contrivances.'⁵⁷⁰ While he initially uses the older tradition of the doctrine of imagination in medicine, he later calls upon the new language of suggestion to explain the effects of hypnotism when performed by Charcot, Moll, Bernheim and Dejerine: 'honest and capable men', by which he means physicians of repute.⁵⁷¹ We can see that even a sceptic like Hart finds the idioms of suggestion more useful for explaining hypnotic phenomena than the romantically and mystically influenced doctrine of imagination. Hart rejects stage entertainments as trickery and the clairvoyance, telepathy and other special powers investigated by the SPR as 'imposture'. He concludes the essay in a rhetorical polemic fashion:

these delusions, this miracle-mongering, these disordered visions and hysteric hallucinations, this exploitation of the love of the mysterious, these pseudo-magnetic attractions, these sham scientific floatings in the air or fixations of the body, these thought-readings and foretellings, these vain pronouncements concerning unseen worlds and invisible planes of being, these playings on the fears, the hopes, the feeble senses, the eager imaginations, and the ill-balanced reason of the masses, are as old as, nay, apparently older than history. Sometimes in this, as in other things, we are tempted to ask, 'Does the World make any progress?'⁵⁷²

At the end of the same year, Hart picked up where he left off in looking at the history of trance states in healing in another article for the *BMJ* entitled 'Hypnotism, Animal magnetism and Hysteria.'⁵⁷³ Once again it was based on a platform speech, this time one given at Sheffield Philosophical Institute. It was an odd and inconsistent paper with sections that claimed British ownership for the theory of the technique for healing but other sections that were highly critical. He still followed the Charcot school and used Richer's pen and ink illustrations from

⁵⁶⁹ CLT, *Faith-Healing* (p. 842); CLT, 'Some Phases of Hypnotism', *Occult Review* 1 (1905) 51-7 (p. 54); Milne Bramwell, 'Susceptibility to Hypnotism and the causes that Influence it', Ch 4 in *Hypnotism* 3rd ed (pp. 57-73); Kingsbury, 'Who are Susceptible?', Ch. 4 in *Hypnotic Suggestion* (pp. 59-66).

⁵⁷⁰ Hart, *New Witchcraft* (p. 13)

⁵⁷¹ Hart, *New Witchcraft* (p. 23).

⁵⁷² Hart, *New Witchcraft* (p. 28).

⁵⁷³ Ernest Hart, 'Hypnotism, Animal Magnetism and Hysteria,' *BMJ*, 3 December 1892, (pp. 1215-20); Also collected in *New Witchcraft* (pp. 30-71).

the Salpêtrière to graphically demonstrate how the hypnotised could mimic the postures of hysteria (see over). By demonstrating this similarity, he supported his belief that they were similar morbid mental states. He expanded on his view that hypnotism depended entirely on the subject for its effects: that is, that the trance state was voluntary and the subject would only act in the way that they wished to. This was a marked change from his earlier views on automatic automatons.



Figure 14: A hysterical patient ‘under the influence of pleasing impressions’ and ‘Hypnotically induced astonishment’, illustrations by Paul Richer.⁵⁷⁴

For a medical audience, he went over similar ground to the ‘Humbug’ paper, covering the history of magnetism from Paracelsus to Mesmer but suggested that the accounts could be re-interpreted and explained in the light of modern knowledge. He credited James Braid, the Englishman, with the responsibility for the theory of hypnotism, favouring his more prosaic physiological explanation and his British heritage. He finished the article hostile to therapeutic hypnotism by supporting the Salpêtrière physicians (Charcot, and his pupils Richer, Babinski and Dejerine) in their view that ‘hypnotism is very rarely useful, generally entirely useless and often injurious.’⁵⁷⁵ However, the uneven tone continues with a final paragraph which proposed that hypnotism should be limited to qualified medical doctors and banned from platform performances and private entertainment altogether. Hart went on to make the bold and damaging but unsubstantiated claim, that ‘a confirmed and trained hypnotic subject is a maimed individual in mind and body, and likely at any time to be dangerous to himself and to society.’⁵⁷⁶

⁵⁷⁴ Illustration by Paul Richer in Hart, ‘Hypnotism and Hysteria’, (p.1217 and 1128).

⁵⁷⁵ Hart, *New Witchcraft* (p.70).

⁵⁷⁶ Hart, *New Witchcraft* (pp.70-71).

The medical hypnotists could agree with the ban on hypnotic entertainments, even if they did not accept or recognise Hart's underlying rationale. The debate continued in the gentleman's journals and Milne Bramwell wrote a response to Hart's paper.⁵⁷⁷

Hart received assistance when support for his anti-hypnotism stance came from unlikely source, an investigation and editorial or leading article in the *Times* of London:

The new mesmerism, as our Correspondent shows to-day, is not really new at all. It has changed its jargon to some extent, and has been baptized with a new name, but it is in every essential respect the old mesmerism that our fathers and grandfathers used to argue about. It has exactly the same substratum of fact, and exactly the same huge superstructure of imposture, quackery, and downright fraud.⁵⁷⁸

The editor commented on the three highly critical, special articles, which had appeared in the newspaper over the two weeks of the new year of 1893. They were penned by an occasional correspondent, whom George Kingsbury later revealed to be a Dr. Bucknill, who seems to be the 78-year-old eminent psychiatrist and friend of Daniel Hack Tuke who founded the journals, *Brain* and *Mental Science*. He was a man at the heart of the establishment and medical orthodoxy. His lengthy reports described the work of Dr. Luys at the Hospital de la Charité in Paris and the 'New Mesmerism' more generally.⁵⁷⁹ Dr. Luys himself, had a highly respectable background as a neurologist. He had identified the subthalamic nucleus and published the first photographic atlas of the brain. However, he was portrayed as a credulous fool and his patients as 'cunning hysterics' in Bucknill's series of articles.

Some of the doctors at the Salpêtrière had investigated the effects of magnets in hypnotism returning to the ideas of Mesmer himself. Based on their work, Luys had developed these techniques further calling the process, 'magnetic transfer'. Not only had he returned to the dramatic theatricality of animal magnetism by making passes with magnetic bars over the affected body regions of his patients, Luys also had his patients 'transfer' their symptoms of their illness from one to another in sequence: an old man with a hand contracture passed this on to a young

⁵⁷⁷ John Milne Bramwell, *Hypnotism and Humbug: A Reply* (Leeds: Goodall and Suddick, 1892).

⁵⁷⁸ George Buckle, 'Leading Article: The New Mesmerism', *Times*, 11 January, 1893, p. 9.

⁵⁷⁹ Dr. Bucknill, 'The New Mesmerism', *Times*, 28 December, 1892 p. 6; Dr. Bucknill, 'The New Mesmerism II', *Times*, 5 January, 1893, p. 6; Dr. Bucknill 'The New Mesmerism III', *Times*, 11 January, 1893, p. 8.

man with vertigo whose symptoms were then passed on to a child with St. Vitus dance (a movement disorder).⁵⁸⁰ This was too much for the editor of the *Times*:

Hysteria does not impair cunning, and the nervous wrecks upon which the professors of hypnotism operate are perfectly able and waiting to fool them to the top of their bent. All the hocus-pocus with magnets, sensitized dolls, and so forth is on a par with the most crazy superstitions of the days of witchcraft. The modern doctor ... dupes himself, he dupes others, and he is duped, tricked, and played upon by every degraded organization that he comes in contact with, until, in the full blaze of the light of the nineteenth century, amid the keenest and most sceptical nation in Europe, he may he found nursing beliefs indistinguishable from those of Obeah men in Central Africa.⁵⁸¹

Like Hart, the editor did not deny the reality of all hypnotic phenomena but deplored the naivety of the French hypnotists and their lack of scientific rigour. The editorial did not write off therapeutic hypnotism, proposing instead that the medical uses for hypnotism were likely to be minimal. In the accompanying special article, Lloyd Tuckey was singled out for praise as a result his more balanced and moderate views in his recent book on the treatment of inebriety:

Dr. Lloyd Tuckey's recent little volume on 'The Value of Hypnotism in Chronic Alcoholism' may be recommended as exemplifying this [more cautious] attitude. It is most temperately and candidly written, though from the hypnotist's point of view, and will give the reader a good insight into the sort of position occupied by 'thoughtful practitioners of this school. Their opinion of hypnotism may perhaps be summed up thus – it is a very powerful and valuable remedy; but only successful under certain conditions.⁵⁸²

The return to the ideas and techniques of Mesmer was described in the following terms: 'This line of research has been pushed still further into the region of imagination.'⁵⁸³ Even in the non-medical press the doctrine of imagination was now considered regressive, unscientific and an inadequate explanatory model.

The pro-hypnotism lobby had to respond to these attacks in a national newspaper. George Kingsbury who had answered the critics about hypnotism and criminality at the time of the Bompard case, wrote to the *Times* on this occasion.⁵⁸⁴ There was

⁵⁸⁰ Bucknill, 'New Mesmerism II', p. 6.

⁵⁸¹ George Buckle, 'Leading Article', *Times*, 11 January, 1893, p. 9.

⁵⁸² Bucknill, 'New Mesmerism III', p. 8.

⁵⁸³ Buckle, 'Leading Article', p. 9

⁵⁸⁴ Kingsbury, 'Hypnotism, Crime'; George Kingsbury, 'Correspondence: The New Mesmerism', *Times*, 9 January 1893, p. 7.

a letter too from Frederic Myers, representing the SPR.⁵⁸⁵ Both took the position that while Dr. Luys was a thoroughly honest man who was eager to demonstrate his hypnotic work, his enthusiasm had led to his deception and his beliefs and practice were in no way representative of modern hypnotism.

Hart hardened his position further, writing to the *Times* to join hypnotism's other vocal critic, the materialist biologist T.H. Huxley in supporting Dr Bucknill and George Buckle, the *Times* editor.⁵⁸⁶ Hart had been in Paris at the time of the reports' publication and had taken the opportunity to visit Luys who had demonstrated the same effects of symptom transfer and response to metals on the same patients, apparently unaware of the articles in the *Times* and *Pall Mall Gazette* and the growing furore in Britain. In a remarkable parallel with the Bailly Royal Commission and Wakley's exposure of Elliotson and the Okeys, Hart used sham magnets and distilled water to demonstrate to a group of visiting physicians that all the results produced by Luys were 'simulated, fictitious and fraudulent.'

He followed up his newspaper letter with a series of articles in the *BMJ* which used the same title as the *Times*: 'The New Mesmerism'.⁵⁸⁷ Lloyd Tuckey felt compelled to reply in more depth in the *Contemporary Review*.⁵⁸⁸ It seems that he provided the name, 'The New Hypnotism' for his article (which I have used throughout this thesis as a term for the British late Victorian medical hypnotism movement as a whole) as a direct response to Hart's article's heading. Hart later used a variation, 'The New Witchcraft' to further slur hypnotism. His title was intended to suggest that hypnotism was nothing more than a repackaging of mystical mesmerism.

Like Kingsbury and Myers, Lloyd Tuckey took the position that it was 'absurd' for Hart to put forward Luys 'as representative of [present day] hypnotic practice'.⁵⁸⁹ He mentioned that three years before, when he had visited Luys with George Kingsbury, Luys was already viewed by his French colleagues as 'a good man gone wrong.' He had appeared more interested in treatment by transfer and metallotherapy than the science of hypnotism or suggestion. As a result, Lloyd Tuckey was 'at one with [Hart] in his sweeping condemnation of the practices indulged in by Dr. Luys at la Charité'.⁵⁹⁰ However, he did take issue with Hart's

⁵⁸⁵ Frederick Myers, 'Correspondence: The New Mesmerism', *Times*, 14 January 1893, p. 3.

⁵⁸⁶ Ernest Hart, 'Correspondence: The New Mesmerism', *Times*, 10 January 1893, p. 8; T.H. Huxley, 'Correspondence: The New Mesmerism', *Times*, 12 January 1893, p. 12.

⁵⁸⁷ Ernest Hart, 'The New Mesmerism', *BMJ*, 11 February 1893, (pp. 301-3).

⁵⁸⁸ CLT, 'New Hypnotism'.

⁵⁸⁹ CLT, 'New Hypnotism' (p. 416).

⁵⁹⁰ CLT, 'New Hypnotism' (p. 416).

‘wholesale denunciation of hypnotism’ which he attributed in part to Hart’s approval of Charcot and his hypnotic experiments on almost exclusively hysterical women at the Salpêtrière which had led to the errors in Paris:

It is natural that other observers [...] have allowed themselves to be duped by the deceptions in which hysterical women are so adept. When, as at Nancy, healthy and able-bodied subjects chosen there is much less chance error or imposture.⁵⁹¹

He also gives one of his clearer expositions of his belief about hypnotism’s mode of action, hinting at the Imagination without explicitly mentioning it:

[T]here exists within the sick man some latent power which makes for health. This power may often be evoked by various means, as in cases where cure results from a nervous shock, sometimes from a religious influence, as in the cures which take place at Lourdes and other shrines. But it is most readily and most scientifically evoked by suggestions applied in the hypnotic state.⁵⁹²

He concluded by advocating for the health benefits of hypnotism for patients and doctors. He states a view which was to become more popular and prevalent about twenty years later:

In an age of materialism, it is as well to be reminded that the mind counts for something, and no doctor who has studied hypnotism will make the too common mistake of ignoring the psychic factor in disease.⁵⁹³

In 1893, Hart collected his main hypnotism lectures, essays and letters to the *Times*, and *Pall Mall Gazette* into one book entitled, *Hypnotism, Mesmerism and the New Witchcraft*. They were published ostensibly ‘to meet the wishes of some who have suggested to me it might prove useful and acceptable that they should be collected into a small volume and thus become more available for current reference.’⁵⁹⁴ His purpose was to be of service in ‘unmasking a prevalent system of imposture which had imposed upon a good many journalists and men of literary culture.’⁵⁹⁵ Hart was making it clear in his introduction that he was not writing for physicians or medical culture but addressing wider popular culture. This continues to demonstrate the role of popular opinion in shaping the legitimacy and

⁵⁹¹ CLT, ‘New Hypnotism’ (p. 422).

⁵⁹² CLT, ‘New Hypnotism’ (p. 420).

⁵⁹³ CLT, ‘New Hypnotism’ (p. 422).

⁵⁹⁴ Hart, *New Witchcraft* (p. v).

⁵⁹⁵ Hart, *New Witchcraft* (p. vi).

acceptability of new medical treatments and the role that medical opinion-formers like Hart and Lloyd Tuckey had in shaping that opinion.

Hart's next publicity stunt was to show stage hypnotism to be a sham and more provocatively to expose the British hypnotism lobby to be credulous fools. He described his carefully designed piece of deception in an article for a journal with a wider, more general audience, named the *Century Illustrated Magazine*.⁵⁹⁶ In 'The Eternal Gullible', he shared the experiences of a professional hypnotic subject who had apparently been introduced to Hart by another journal editor the year before. He explained that the subject 'L' had wanted money as he had lost his commercial value through overuse in hypnotic entertainments. L described his training to tolerate foul tastes and smells, needles through his cheeks, swallowing paraffin and development of his musculature to tolerate 'doing catalepsy' in order to perform at the Royal Aquarium for 8 months and thereafter other venues.⁵⁹⁷ He told Hart that he earned £1 and 5 shillings a week for the work which Hart thought inadequate for the suffering entailed. He also revealed that he had regular work as a subject for a physiology lecturer at a London medical school who was unaware of his deception.

The second part of the article concerned a demonstration that Hart had arranged at his London house with 'L' and two of his colleagues for several medical acquaintances interested in hypnotism, including J. Milne Bramwell, Dr. Hack Tuke, Dr. Outterson Wood, Surgeon-Colonel J. B Hamilton, Mr. Wingfield and others.⁵⁹⁸ Apart from Lloyd Tuckey, Hart had invited all of the major names in British medical hypnotism and many who had appeared on the recent BMA section of psychology hypnotism committee. One of the doctors was asked to hypnotise 'L', who acting as a stooge for Hart, disconcertingly kept 'waking up' from his hypnotic state. When eventually 'hypnotised', he was then able to demonstrate that he was impervious to pain. Hart admitted that 'L' made no reaction to any painful stimuli but accused him of over-acting badly at other times. He then mocked the doctors for their gullibility and for seeing only what they wanted to see: 'The impression left on my mind by L's performance was mainly a

⁵⁹⁶ Ernest Hart, 'The Eternal Gullible', *Century Illustrated Magazine*, 48 (1894), (pp. 833-9).

⁵⁹⁷ In addition to fish displays, The Royal Aquarium contained an art gallery an ice rink and a theatre. Magic shows featuring hypnotism and clairvoyancy were very popular in the 1890s. CLT had written to the *Lancet* complaining about hypnotic seances there in 1891; CLT, 'Correspondence', *Lancet*, 31 October, 1891 (p.1024). In 1896, a Walter Johnson was put into a hypnotic trance and left there for 3 weeks drinking only occasional milk and Bovril; 'The Hypnotic Trance at the Royal Aquarium', *BMJ*, 15 February 1896 (p. 422).

⁵⁹⁸ Hart, 'The Eternal Gullible' (p. 837).

feeling of wonder that so vulgar and transparent apiece of trickery should ever have imposed on anyone.⁵⁹⁹

The above incident does seem a shabby if not unethical trick to play on one's colleagues and perhaps shows the desperate measures to which Hart would resort in order to discredit hypnotism. When published in the *BMJ*, the 'Eternal Gullible' is mentioned but not the second part concerning the deception played on Kingsbury and friends.⁶⁰⁰ I have found no record of the response of the deceived doctors and little mention in the press or medical press at the time. I considered whether or not Hart had subsequently regretted the trickery but the entire *Century* article was included as an extra chapter when his *Mesmerism and Witchcraft* book went for its next edition in 1896.⁶⁰¹

The culmination of Hart's work reflecting his view of the importance of popular opinion for the respectability of doctors and their treatments was his editorial review of *Trilby*. He was not alone at this time in his belief in the power of fictional representations. His successor as editor of the *BMJ*, Dawson Williams was concerned too. In his case it was that of fictional physicians: 'The progress of the medical profession in the public esteem may to a great extent be gauged by the position occupied by its members in contemporary fiction, and especially the novels of the day.'⁶⁰²

In October 1895, Hart's *Trilby* review appeared between editorials on 'Lunatics at Large' and the mysterious illness that had befallen a party travelling from Liverpool to Manchester by canal. He stated that the 'pivot' upon which *Trilby* depended was hypnotism, which he might be expected to criticise. However, he proposed that the hypnotic phenomena found in *Trilby* were ably described by du Maurier and while improbable were not impossible. Ever the self-publicist, Hart claimed his authorship of the recent *New Witchcraft* to be a demonstration of his expertise.

He suggested that the hypnotic production of *Trilby*'s magnificent voice was caused by the loss of inhibition that hypnotism caused rather than the untapping of some novel gift. He described hypnotism's deep focus and removal of external influences, describing the effect of shyness or distraction in impairing

⁵⁹⁹ Hart, 'The Eternal Gullible' (p. 839).

⁶⁰⁰ Anon, 'Literary Intelligence' (p.817).

⁶⁰¹ Hart, *Hypnotism, Mesmerism* (1896).

⁶⁰² Dawson Williams, 'Nova and Vetera: Doctors in British Fiction', *BMJ*, 3 January, 1903 (pp. 40-1).

performance. He likened the power of this effect to the displays of strength and agility seen in stage hypnotism. He was keen to distance hypnotism from the ideas of the subliminal self, propounded by Myers of the SPR or the mystical self-development of the Theosophists and magicians. In his return to the concept of inhibition he had found a neat alternative to both the doctrine of imagination and suggestion as a rationale for the effects seen. This was an alternative use of the key Victorian idea which had originally been used by Carpenter to explain hypnotism's effect as the result of reflex action facilitated by inhibition of the higher centres of the brain by the hypnotist.⁶⁰³

His *New Witchcraft* book and *Trilby* review were to be Hart's last counterblasts against hypnotism. He had been diagnosed with diabetes in 1883 and suffered from bouts of pneumonia and depression in the 1880s and 1890s which neither his work rate nor his foreign convalescences helped. He was in poor health when he moved out of London to Hertfordshire in 1896. He developed diabetic ulcers and then gangrene, requiring amputation of his leg in September 1897. While he continued to contribute to the *BMJ*, more and more of the work of the journal was done by Dawson Williams. He requested leave of absence from the journal in late 1897 to go to Madeira for his health. He never made the trip and died in early 1898.

Hart's impact on the *BMJ* and the British medical profession were substantial and with his journal and role on the parliamentary committee of the BMA, he achieved many public health advances. However, it is clear that Hart was a figure who provoked mixed feelings: the obituarist from the *Practitioner* opined that he was a 'man who with a nobler ambition and a loftier ideal might have left the whole world his debtor for ever. He preferred a cheaper glory and he had his reward.'⁶⁰⁴ He was survived by all the new hypnotists including Lloyd Tuckey and their story and the story of the next stage of British medical hypnotism forms the basis of the next chapter.

⁶⁰³ The various meanings and uses of inhibition both physiological and psychological are explored by the historian of science, Roger Smith. Inhibition had previously been used to explain the automatic response to the hypnotist described by Carpenter but had been later developed by the German physiologist Heidenhain in the 1880s. Carpenter, 'On the influence'; Smith, *Inhibition* (p. 126).

⁶⁰⁴ Anon, 'Obituary', *Practitioner* (p. 118).

Not all physicians accepted the efficacy of medical hypnotism and had either not followed or not accepted the transition of hypnotism's mode of action from the doctrine of medical imagination to that of suggestion. For this group, the public opinion of hypnotism and confusion with mesmerism was highly concerning. The action of the BMA's council confirms this.

There were two sides in the battle to achieve medical legitimacy and public acceptance for hypnotism but I should stress that while many of the pro-hypnotism group were friends and the van Eeden correspondence reveals the way that they shared patients and experiences, I have not found evidence that they worked together in a consciously concerted fashion. While Ernest Hart's position as a figurehead for the anti-hypnotism lobby has been acknowledged, Charles Lloyd Tuckey's central part in the dispute has not been previously documented. I have examined how both parties made use of lectures, demonstrations, medical journals, gentleman's periodicals and their own celebrity as a platform to advocate their view.

I have also made it clear that the legitimacy and the acceptability of medical treatments are not the same thing and depend as much upon local cultural contingencies as medical opinion. Legitimacy is more of a professional concern which is linked to scientific proof of efficacy and low rates of tolerable side effects as well as an adequate explanation for action. As Geiryn has suggested, in interdisciplinary disputes, legitimacy may be portrayed and argued as scientific authenticity which may be then claimed by both sides. What is deemed a legitimate treatment to the medical profession is not always acceptable to the general public. More recent examples include electroconvulsive therapy (ECT), faecal inoculation and even tablets constituted with animal-derived gelatine.⁶⁰⁵ In the face of significant public anxiety about a treatment it can be difficult for a new treatment to gain acceptance. These anxieties may be traced in fictional as well as factual lay discourse. While medical culture often views itself as objective, scientific and separate there are inevitably interactions between medical and popular culture over time which help to establish or reject treatments.

⁶⁰⁵ ECT is a treatment for severe depression in which seizures are induced by externally applied electrical current to the brain. Faecal inoculation is the treatment of various bowel conditions by administration of faecal matter from a healthy donor to the patient. Despite evidence of efficacy these are seen as unacceptable by some members of the public. Another variable to consider is the severity of the condition being treated: the public will tolerate more if the condition is severe.

Chapter 7: Post-Hypnotic Suggestion:

Lloyd Tuckey's Influence and Networks

Historians of hypnotism and the psychotherapies have given widely differing accounts of the status of hypnotism between the mid-1890s and the start of the First World War, when it was used on both sides in the treatment of the psychological trauma of the soldiers. Considering the European and more specifically the French context, the medical historian Henri Ellenberger and the French neurologist Pierre Janet both describe a 'rapid decline' after Charcot's death in 1893 which has been generally accepted.⁶⁰⁶ However, the circumstances in the UK at this time are not so well-covered. A special edition of *Notes and Records* published in 2017, was able to unearth plenty of new material about European hypnotic developments and transitions over this period but appears to have deliberately excluded the UK.⁶⁰⁷ It seems that they accepted the view of the medical historian, Teri Chettiar, that in Britain hypnotism 'was decisively excluded from serious medical consideration by 1900.'⁶⁰⁸

Both Chettiar and Philip Kuhn identify Frederic Myers' address to the BMA annual meeting in 1898 as a pivotal moment for British medical hypnotism but come to diametrically opposite conclusions about the outcome. Chettiar writes that the complexity of Myers' model of the subliminal self was unattractive or incomprehensible to British physicians and thus led to the decline of hypnotism. Conversely, Kuhn sees the talk as a springboard for further development.

Previous historians have been over-reliant on the account of the neurologist and first anglophone Freudian analyst, Ernest Jones. He had befriended Freud in 1908 and became a regular correspondent and then his biographer. He was the first president of the British Psycho-Analytical Society and later the International Psychoanalytical Association in the 1920s and 1930's. He constructed a highly partial but influential history for the psychological therapies and psychoanalysis in Britain. His version of events enhanced his own role in British analysis, mythologised his fight against the medical establishment and played down other

⁶⁰⁶ Ellenberger, *Discovery*, (p. 171); Pierre Janet, *Psychological Healing: A Historical and Clinical Study*, 1 (New York: MacMillan, 1925) (p.200).

⁶⁰⁷ Andreas-Holger Maehle and Heather Wolfram, 'Guest Editorial', in *Notes and Records: The Royal Society Journal of the History of Science*, 71, (2017) Special Issue: "History of Hypnotism in Europe", ed. by Andreas-Holger Maehle and Heather Wolfram (pp.119-23).

⁶⁰⁸ Chettiar, 'Suggestible Subject' (p. 335).

contemporaneous and competing psychological developments.⁶⁰⁹ This included the place of the medical hypnotists, claiming that such doctors ‘were looked at very askance by the medical profession, and their activities were regarded as closely akin to quackery.’⁶¹⁰

On the other hand, the historian Philip Kuhn in his recent meticulous early history of the development of British psychoanalysis states that ‘The fiercely fought hypnotic battles of the early 1890s had [...] been all but won by 1898.’⁶¹¹ His view is that hypnotism became an established medical treatment among a range of early psychotherapies. I share this opinion that hypnotism and suggestion survived and made several important contributions to medical, psychological and the intellectual discourses. In this chapter I will demonstrate the significance of Lloyd Tuckey within the history of early British psychotherapy. I will lay out the evidence for the role of suggestion and hypnotism, and gesture towards their continuities in the conclusion.

Lloyd Tuckey continued to write for medical and for lay journals from the *Journal of Physical Therapy* to *The Occult Review* to *Good Housekeeping*.⁶¹² In this way he was not only contributing to institutional psychology, but also the popular and practical psychology movements delineated by Mathew Thomson.⁶¹³ The new editions of his book *Psycho-Therapeutics* continued to sell. The public and publishers seemed oblivious to any decline, particularly not one on the scale indicated by Janet in Europe. Tuckey himself never mentioned any failing interest in suggestion or hypnotism, instead commenting regularly on its growth and acceptance. The first selection is taken from the *Medical Annual* of 1898, a book widely referred to by doctors as it contained a list of all UK medical practitioners, and the second overleaf is from Tuckey’s introduction to his fifth edition of *Psycho-Therapeutics* from 1908:

During the last few years hypnotism has met with increasing favour at the hands of the medical profession. Prejudice against it has largely died out

⁶⁰⁹ There has been growing interest in this history. Phillipa Martindale appears to have identified the issue and Philip Kuhn’s book seeks to question the role of Ernest Jones and his partisan record from early British psychoanalysis. Phillipa Martindale, ‘“Against all Hushing up and Stamping Down”: The Medico-Psychological Clinic of London and the Novelist May Sinclair’ *Psychoanalysis and History*, 6 (2004) (pp. 177-200); Philip Kuhn, ‘Jones Returns to London’, Ch. 20 in *Psychoanalysis in Britain, 1893-1913* (Lanham: Lexington, 2017) (pp. 351-68).

⁶¹⁰ Ernest Jones, ‘The Early History of Psychoanalysis’, *Journal of Mental Sciences*, 100 (1954) 198-210 (p. 201).

⁶¹¹ Kuhn, ‘MSSST’, Ch 7 in *Psychoanalysis*, pp. 159-180 (p. 174).

⁶¹² CLT, ‘Some Notes on Hypnotic Suggestion’ *Journal of Physical Therapy* 1 (1900) (pp. 104-9); CLT, ‘Some Phases’, CLT, ‘How Suggestion Works: A Chapter from the Experience of a Famous London Physician’, *Good Housekeeping* 48, 5 (1909) (pp. 639-42).

⁶¹³ Thomson, ‘Practical Psychology’, Ch 1 in *Psychological Subjects* (pp. 1-53).

and it has come to be regarded as a possible remedy in many cases without ordinary treatment.⁶¹⁴

England still continues much behind other countries in taking up the treatment; but there is much less prejudice against it than formerly, especially among medical men.⁶¹⁵

So, did British medical hypnotism decline or did it grow? The absence of debate in general medical journals, does not mean that that medical interest in hypnotism or its use had stopped. And I will show that Chettiar's observation about its absence from journals is not entirely true. Equally, any history written by its principal players are likely to be self-serving and should not be accepted at face value. Alan Gauld's more moderate view is that 'while the interest in and practice of hypnotism continued to grow for several years [after the early 1890s] but it never wholly, or even largely, overcame the strong conservatism of the British medical profession' and notes that interest rose in the UK while falling in most other countries over the same.⁶¹⁶ Using a more objective measure, he charted the number of publications on the topic of hypnotism as identified by the *Index Medicus* over the time. While falling in Europe, this actually rises in British medical journals between 1895 and 1914.⁶¹⁷

It should not be surprising that the majority of British doctors failed to adopt hypnotism or suggestion. There are several reasons for this. The emphasis on medical materialism as a fundamental aspect of British medical training is well-known and suggestion did not sit easily on this foundation. However, none of its British exponents claimed hypnotism to be a panacea. They had demonstrated its role to be restricted to pain reduction and sleep problems in physical health, functional illness and in the treatment of mental disorders like neurasthenia, addiction and hysteria. These were the sort of problems that usually presented to general practitioners and outpatient psychiatrists not to general hospital doctors. While hypnotism could be used as anaesthesia for surgery it was too unreliable and clinical experience with anaesthetic agents like ether and chloroform had improved the utility of these early drugs. Consequently, the practice of hypnotism would have been most useful for general practitioners and psychiatrists managing community-based neurotic conditions and this seems to have been the case.

⁶¹⁴ CLT, 'Hypnotism and Suggestion', *Medical Annual and Practitioners Index* (Bristol: John Wright, 1898) pp. 77-85 (p. 77).

⁶¹⁵ CLT, *Psychotherapeutics*, 5th ed (p. vii).

⁶¹⁶ Gauld, *Hypnotism*, (p. 350).

⁶¹⁷ Gauld, *Hypnotism*, (p. 561).

Uptake was therefore greater in these specialties, an interpretation that I have not previously seen. Of course, even amongst these two groups there were varying professional beliefs about efficacy and legitimacy. Nevertheless, in his history of British general practice, the medical historian, Rhodri Hayward does acknowledge the lasting impact of hypnotism on the psychological aspects of primary care.⁶¹⁸

An indication of the interest in medical hypnotism by medical discipline can be found by looking at the coverage in specialist journals. The same arguments about the role of the *BMJ* and the *Lancet* in helping to create an identity and shared values across the medical profession can be made for the increasing number of specialty journals and their disciplines that were emerging. Specialization was a relatively recent innovation at this time. Medicine had split from surgery but had not yet fully subdivided itself in the years before WWI. Psychological medicine and general practice also had a history of separation from general medicine.⁶¹⁹ However, even within psychological medicine, work outside of large asylums was a new development as ‘anxiety, neurasthenia and other forms of neurosis (as they were increasingly called) seemed more common.’⁶²⁰ The *General Practitioner* was a medical journal aimed at those in community practice. Like the *JMS*, it continued to regularly publish articles on hypnotism and suggestion in the late 1890s and first decade of the new century. I will discuss the journal and its editors’ links to the Lloyd Tuckey, the Medical Society for the Study of Suggestive Therapy and the New Hypnotism movement later.

Adopting this framework, the legacy and impact of the British New Hypnotism therefore requires a more detailed and nuanced approach. I have already looked at literature for representations and attitudes towards hypnotism and in this chapter, I will use the later work and institutional connections of Lloyd Tuckey to demonstrate these further. He illustrates, not only the changing status of hypnotism but its myriad connections and its evolution as part of a range of psychotherapies in early twentieth century Britain at a much smaller, human scale.

⁶¹⁸ Rhodri Hayward, ‘The Emergence of the Unconscious’, Ch. 1 in *The Transformation of the Psyche in British Primary Care, 1889-1970* (London: Bloomsbury, 2015) (pp. 1-30).

⁶¹⁹ William Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994) (pp. 191-6).

⁶²⁰ Bynum, *Science* (p. 196).

7.1 Lloyd Tuckey and his Professional Life

Despite his short term memberships of specialist medical organisations like the Royal Medico-Psychological Association (MPA) and the London Neurological Society, Lloyd Tuckey continued to work as a generalist in the West End of London.⁶²¹ The records demonstrate that he was occasionally asked to consult on patients who required hypnotism at The Queen's Square Hospital for Neurology, though he did not have a full appointment there.⁶²² While his colleague Milne Bramwell had moved from Goole to London to be able to work exclusively as a medical hypnotist, Lloyd Tuckey saw himself as a general medical practitioner who was able to use hypnotism and suggestive therapy when necessary.⁶²³

As his experience grew, in his books and articles he recommended the approach as suitable for psychosomatic conditions, nervous complaints and sleep problems. He started to recommend it for alcohol dependency and sexual problems, too. However, he used an eclectic range of mostly conventional treatments alongside hypnotism as his evidence to the coroner bears out. In 1910, he appeared as a witness at the inquest into the death of Henry Brooks Broadhurst, the county magistrate and inheritor of a thriving cotton business previously mentioned.⁶²⁴ Broadhurst had shot himself while staying for treatment at Lloyd Tuckey's house in Park Street. He had originally consulted him in relation to suggestive therapy for his suicidal impulses and 'aggravated neurasthenia' and according to his witness statement Lloyd Tuckey had prescribed massage and electrotherapy in addition to hypnotism. His position was unchanged from his first edition of *Psycho-Therapeutics* in which he advocated the use of hypnotism, 'not as a universal remedy or as a supplanter of ordinary medical treatment but as a powerful auxiliary.'⁶²⁵ The coroner's verdict was 'suicide while temporarily insane' but in view of Broadhurst's longstanding mental illness, there does not appear to be any criticism of Lloyd Tuckey or impact on his practice.

⁶²¹ 'Report of Council', *Brain*, 24 (1901) 1–20 (p. 19); Lloyd Tuckey was a member of the MPA from 1890–1895 [GB 2087 RCPSYCH/P/1 – Yearbooks].

⁶²² Simon Shorvon and others, 'Queen's Square and Neurology 1860–1902' Ch. 3 in *Queens Square – A History of the National Hospital and its Institute of Neurology* ed. by Simon Shorvon and Alistair Compston (Cambridge: Cambridge University Press, 2018) pp. 98–129 (p. 111).

⁶²³ CLT, Letter to van Eeden, 19 August 1894, Allard Pierson.

⁶²⁴ Anon, 'County Magistrates Suicide', *Times*, 4 October 1910. p. 3.

⁶²⁵ CLT, *Psycho-Therapeutics*, 1st ed, (p. vi).

7.1.1 Lloyd Tuckey and Emerging Medical Conditions

Lloyd Tuckey treated alcohol dependency with hypnotism in the 1890s and beyond, gaining particular experience. This was an important new indication for suggestive therapy as there was particular public concern about rising rates of inebriety. In addition to worry about the reduced productivity of inebriated manual workers, there were more specific fin de siècle anxieties about degeneration and the growing number of working-class drinkers. Previously viewed as a moral failing, in the Victorian era physicians had attempted to reframe the problem as an illness: 'There can be no harm, but much good, in regarding inebriety as a disease, even if you look upon it as a sin, a vice, or a crime.'⁶²⁶ Unfortunately, there had been no satisfactory treatments for this new medical condition. Lloyd Tuckey described his methods and comparatively high success rates at the BMA meeting in 1892, in his books and in several subsequent papers.⁶²⁷ He developed extensive experience in this area and was made an honorary member of the American Society for the Study and Cure of Inebriety.

Initially, there was some resistance to treating alcoholism with hypnotism and suggestion in the UK. However, this came primarily from Norman Kerr who had founded and was the president of 'The Society for the Study of Inebriety.' This was the same physician that had spoken against hypnotism at the Birmingham BMA meeting. In addition to his rhetoric about 'jellyfish slavery' at the meeting, he had declared in relation to hypnotic treatment in the *Church Monthly*, 'Better drunken liberty than sober slavery.'⁶²⁸ After Kerr's death in 1899, there was more interest in suggestion beyond the core of medical hypnotists. The society invited both Milne Bramwell and Lloyd Tuckey to speak to them.⁶²⁹ In his 1911 overview of the psychological treatment of those with alcohol dependency, James Astley-Cooper regretted that, 'till recently in this country at all events the psychic treatment of inebriety has received scant attention.'⁶³⁰ In his classic textbook, *Pathological Inebriety*, he describes suggestion as one of a number of psycho-therapies that were becoming considered an essential part of his 'combination approach' of social

⁶²⁶ Norman Kerr quoted in Virginia Berridge 'The Centenary Issue: Editorial', *British Journal of Addiction*, 79 (1984) (p. 3).

⁶²⁷ CLT, *Chronic Alcoholism*; CLT, 'The Position of Hypnotic Treatment in The Cure of Chronic Alcoholism', *British Journal of Inebriety* 1 (1904) (pp. 268-73).

⁶²⁸ Norman Kerr, *The Church Monthly* (March 1889) quoted in Tuckey, *Chronic Alcoholism* (p. 11).

⁶²⁹ John Milne Bramwell, 'Suggestion and its role in the Treatment of Inebriety', *British Journal of Inebriety*, 7 (1910) (pp. 133-40).

⁶³⁰ James Astley-Cooper, 'The Treatment of Alcohol Inebriety by Psycho-Therapies' *British Journal of Inebriety*, 8 (1911) (pp. 135-42).

isolation, medication for withdrawal and psychic treatment.⁶³¹ This view of suggestion as one of a number of equally valid psychotherapies that were emerging at this time is important, as it challenges the Freudian *fons et origo* myth propounded by Ernest Jones amongst many others. The historian of psychology, Sonu Shamdasani, deconstructs this historiography in his comprehensive review of the terms, psychotherapy and psychoanalysis.⁶³² I will return to this conception of suggestive therapy as one of a range of psychological therapies.

Another fin de siècle anxiety concerned homosexuality which was viewed as part of a wider problem of degeneration. The scientific interest in the behaviour led to the medicalisation of sexuality and the medical policing of these boundaries. Heike Bauer's recent collection has demonstrated that this new 'science' was also very much an international concern.⁶³³ Krafft-Ebing amongst others, had started to define normality and abnormality using hundreds of case examples in his work, *Psychopathia Sexualis* (1886).⁶³⁴ His new names were to come quickly into common parlance. Terms like sexual inversion (homosexuality), sadism and masochism were rapidly taken up beyond medical culture. These new distinctions and this novel approach moved sexual practices away from morality, the traditional domain of the priest and the church and towards doctors and medicine in the new discipline of 'sexology'.⁶³⁵ Abnormality was viewed as evidence of degeneracy and the presence of mental illness which required medical treatment. However, the treatments of the new dynamic psychiatry were limited and hypnotism was one of those tried. After a decline in usage in the twentieth century, hypnotic treatment and suggestion was rediscovered in the 1960s as part of wider attempts to treat homosexuality as an illness at this time.⁶³⁶

The art historian and literary critic, John Addington Symonds (1840-1893) was homosexual and wrote a courageous autobiography of his own experiences.⁶³⁷ He was married and had a family but chose to risk his reputation and prosperity by

⁶³¹ James Astley-Cooper, 'The Treatment of Alcohol Inebriety by the Combined Method contd.' Ch 12 in *Pathological Inebriety, Its Causes and Treatment* (London: Ballière, Tindall and Cox, 1913) (pp. 108-24).

⁶³² Shamdasani, 'Psychotherapy'.

⁶³³ Heike Bauer, ed. *Sexology and Translation: Cultural and Scientific Encounters across the Modern World* (Philadelphia: Temple University Press, 2015).

⁶³⁴ Richard Krafft-Ebing, *Psychopathia Sexualis*, (London: Staples, 1965).

⁶³⁵ 'Sexology' was not coined until 1906. It derives from the German term Sexualwissenschaft first used by Iwan Bloch.

⁶³⁶ Peter Roper, 'The Effects of Hypnotherapy on Homosexuality', *Canadian Medical Association Journal*, 96 (1967) (pp. 319-27).

⁶³⁷ John Addington Symonds, *The Memoirs of John Addington Symonds: A Critical Edition*, ed. by Amber Regis (Basingstoke: Palgrave MacMillan, 2016).

advocating male same-sex love. He worked with Britain's foremost medical expert on sexual inversion, Henry Havelock Ellis on his book *Sexual Inversion*, which did not characterise the subject as immoral, criminal or evidence of mental illness.⁶³⁸ In 1893, he asked Havelock Ellis in a letter about the possible use of hypnotism and the usefulness of Lloyd Tuckey's experience. Havelock Ellis was dismissive and did not think that hypnotism was helpful nor that Lloyd Tuckey 'had any important contributions to make.'⁶³⁹

Lloyd Tuckey claimed to have treated 'a good number' of men troubled by their homosexuality as well as others with a range of sexual problems from masturbation to sterility.⁶⁴⁰ He summarises his organic views of sexual problems in his 4th edition:

If hypnotism had done nothing more for medical science than bring such melancholy cases as the above within the scope of curative treatment, it would have conferred a lasting benefit on humanity. In even worse cases of perverted sexual instinct it is frequently successful [...] Hypnotic suggestion seems to act by checking excessive functional irritability, and by developing and bringing into play the inhibitory action of the higher brain centres, which have either not developed or have undergone impairment.⁶⁴¹

His colleague, the German psychiatrist and psychic researcher, Schrenck-Notzing was most vociferous on the subject and prolific in his research and treatment. He strongly advocated suggestion as the best treatment for all kinds of paraphilias, fetishes and homosexuality.⁶⁴² The only such case history that Lloyd Tuckey published outside of his books concerned paedophilia. He wrote it in 1906 for *Revue de l'hypnotisme*.⁶⁴³ It is difficult to know whether this paper was written in French and published in France due to prudishness or sensitivity on his part or on the part of the British journals. It concerned Tuckey's successful treatment of a 43-year-old American schoolteacher and professor of music whose life had been 'poisoned by his passion for [sexual] attacks on little girls' which he associated with

⁶³⁸ While Havelock Ellis trained at St Thomas' hospital it is not clear if he qualified. He certainly never practiced medicine. The book was controversial and first published in German. Havelock Ellis and John Addington Symonds, *Sexual Inversion: A Critical Edition*, ed. by Ivan Crozier (Basingstoke: Palgrave Macmillan, 2008).

⁶³⁹ Havelock Ellis, 'Letter to John Addington Symonds, 19 February, 1893', qtd in Sean Brady, *John Addington Symonds (1840-1893) and Homosexuality: A Critical Edition of Sources* (Basingstoke: Palgrave Macmillan, 2012) (p. 254).

⁶⁴⁰ CLT, Letter to van Eeden, 28 December 1888. Allard Pierson; CLT, 'Case 22 – Moral Breakdown', *Psycho-Therapeutics* 4th ed. (p. 308).

⁶⁴¹ CLT, 'Sexual Perversion', *Psycho-Therapeutics* 4th ed. (pp. 308-10).

⁶⁴² Albert von Schrenck-Notzing, *Therapeutic Suggestion in Psychopathia Sexualis*, trans. by Gilbert Chaddock (Philadelphia: F.A. Davis, 1895).

⁶⁴³ CLT, 'Perversion sexuelle'.

his own ‘corruption’ at the age of six by a similarly aged girl. After hypnotic suggestive treatment the patient found himself ‘very fond of little girls in a proper way.’⁶⁴⁴ As evidence of both the cross-fertilisation between the nascent psychotherapies and a new medical internationalism, this case report was then discussed by Freud’s Vienna Psychoanalytic Society early the following year.⁶⁴⁵

7.1.2 Lloyd Tuckey and the European Medical Hypnotists

I wish to develop the idea a nineteenth century international medical community which Bynum has identified.⁶⁴⁶ Once more Lloyd Tuckey illustrates this aspect very well. A global viewpoint was manifest in the growing awareness of scientific developments in other (mostly European) countries and with the arrival of the international medical congress. Although the trend had started in Paris, the centre of scientific medicine, by 1881 London had hosted its first major medical and scientific meeting, the Seventh International Medical Congress. All of the medical specialties were to take up this innovation as an opportunity to meet colleagues, exchange ideas and hear speeches which proclaimed, ‘the capacity of objective scientific knowledge to transcend the divisiveness of multiple languages and the competitiveness of nations.’⁶⁴⁷ There was an awareness in Britain that medical science was developing more rapidly in Europe and many senior British physicians would complete their studies in France or Germany.

Medical hypnotism was no exception to this internationalism. Lloyd Tuckey had learned about the technique from Liébeault during a tour of Europe and he made clear his debt in the introduction of every edition of his book *Psycho-Therapeutics*. He had visited the Amsterdam hypnotic clinic run by van Eeden and van Renterghem in the same trip. He went with George Kingsbury to see Dr. Luys’s work at La Charité in Paris, in 1891.⁶⁴⁸ It appears that it was not just the techniques that were important to Lloyd Tuckey but also the relationships with his continental colleagues. He was responsible for initiating a testimonial gift for Liébeault when

⁶⁴⁴ CLT, ‘Perversion sexuelle’ (p. 92).

⁶⁴⁵ H. Nunberg and E. Federn, eds ‘23 January 1907’, Minutes of the Vienna Psychoanalytic Society. Vol. I: 1906–1908 (New York: International Universities Press, 1962) (p. 88).

⁶⁴⁶ Bynum, *Science*, (pp. 142-146)

⁶⁴⁷ Bynum, *Science*, (p. 142).

⁶⁴⁸ CLT, ‘New Hypnotism’, (p. 416).

he retired in 1890. He also kept a lifelong friendship and correspondence with Bérillon and van Eeden, who would stay with him when in London.⁶⁴⁹

Bérillon was the editor in chief of *La Revue de l'Hypnotisme* throughout its publication from 1887 to 1910. He oversaw the change of title to *Revue de psychothérapie et de psychologie appliquée* and the broadening of its scope. Lloyd Tuckey was on the editorial board for the journal and as an excellent linguist was able to write for the journal as well as follow the European developments.⁶⁵⁰ Suggestive therapy continued to evolve. In the early years of the 1900, the journal covered thorny issues of whether waking suggestion was as potent as hypnotic suggestion, Dubois' new ideas of persuasion (the rational demonstration of the irrationality of a patient's problems and their responses to them), the possibilities of auto-suggestion and re-education (the training of a patient to have 'proper' thoughts about the objects of experience; and proper ways of thinking, proper intellectual processes). These ideas percolated into British hypnotic practice over this time but judging by his textbooks, Lloyd Tuckey like Bérillon, mostly stuck with classic suggestion.

Tuckey travelled to France after Liébeault's death and gave an address at the memorial service and inauguration of a bust in his honour in Paris in 1906. The bust had originally been proposed by van Renterghem and was funded largely by subscriptions from the Paris-based, La Société d'hypnologie, publishers of *La Revue de l'Hypnotisme*. In his memorial speech, Lloyd Tuckey declared that thanks to him,

in England, there are now, in almost every city, physicians who have specialised in the practice of hypnotism. This is all the more surprising since the English people are essentially attached to their age-old traditions and only welcome new developments with extreme distrust.⁶⁵¹

The medical hypnotists also attended and organised international conferences. The largest specialist event for medical and academic hypnotists was the Congress of Experimental and Therapeutic Hypnotism. The first of these took place in 1889, during the Universal Exhibition in Paris. There were 171 attendees in all. There were representatives from Germany, Poland and Italy including the physician

⁶⁴⁹ CLT, Letter to van Eeden, 14 May 1900, Allard Pierson.

⁶⁵⁰ CLT, 'Perversion Sexuelle Guérie par l'Hypnotisme', *Revue de l'Hypnotisme et de la Psychologie Physiologique*, 20 (1906) (pp. 91–3).

⁶⁵¹ This pamphlet lists the international delegates and the eulogies delivered at the memorial. There is an English translation of Lloyd Tuckey's speech in the appendix. Edgar Bérillon, *L'Oeuvre Psychologique du Dr. Liébeault*, (Paris: Aux bureaux de La Revue de l'Hypnotisme, 1906) 18–9 (p. 18). <<https://archive.org/details/loeuropsycholog00br/page/n4/mode/2up>> [accessed 19 April 2020].

Albert Schrenck-Notzing, the philosopher, Julian Ochorowicz, and the psychiatrist Cesare Lombroso. Francis Galton was on the organising committee and Gurney and Myers from the SPR were invited from the UK and contributed. Although Charcot himself could not attend, the majority of the speakers were French and the Salpêtrière and Nancy schools were well represented. Inevitably the battle between the two camps was quite prominent, with Babinski's paper openly critical of Bernheim.⁶⁵² Otherwise, the papers covered a variety of topics from the definition of terms and the exclusion of animal magnetism as a mechanism, to the therapeutic uses of hypnotism and its enhancement of human potential.

Hypnotism was also a regular feature of the international meetings of the new discipline of psychology, at least until 1905. The Congress of Psychology came to the UK in 1892 for only its second meeting. Here it was organised by James Sully and Frederic Myers and Henry Sidgwick of the SPR as there was no university-based psychology department. James Sully was a philosopher turned psychologist, who went on to set up the British Psychology Society.⁶⁵³ Later that year, he became Britain's first professor of psychology at UCL. He, Myers and Sidgwick invited many of the leading names in hypnotism research who were mostly medically trained. They included Bernheim, Liégeois, Delboeuf, Bérillon, van Eeden and Janet. The published proceedings did not include a list of registrants but it seems most likely that Lloyd Tuckey was in attendance. There were over 300 delegates, including nearly a hundred foreign visitors, from all parts of Europe, from America and Australia.⁶⁵⁴ The significance of this event was threefold. Firstly, it helped to kickstart the discipline of academic psychology in the UK. The congress' chair Henry Sidgwick was a Cambridge philosophy professor and in his inaugural speech he bemoaned the absence of any properly equipped psychology labs in the UK compared with France, Germany and the US.⁶⁵⁵ Secondly, the majority of the delegates were interested in the therapeutic possibilities of hypnotism above all

⁶⁵² Carlos Alvarado, 'Nineteenth-Century Suggestion and Magnetism: Hypnosis at the International Congress of Physiological Psychology (1889)', *Contemporary Hypnosis*, 27 (2010) (pp. 48-60).

⁶⁵³ Sully was also interested in dual consciousness and as a friend of Robert Louis Stephenson, is believed to have influenced *The Strange Case of Dr Jekyll and Mr Hyde*. Ed Block, 'James Sully, Evolutionist Psychology, and Late Victorian Gothic Fiction', *Victorian Studies*, 25 (1982) (pp. 443-67).

⁶⁵⁴ Conference Archives found at Psychology Resources around the World: <<https://psychology-resources.org/conferences-events/conference-archives/international-congress-of-psychology-1889-present/1892-ii-international-congress-of-psychology>>. [accessed 19 April 2020].

⁶⁵⁵ It was not until 1898 that Sully opened the first psychology labs at UCL.

else and thirdly it marked the downfall of the Salpêtrière concept of hypnosis as an abnormal pathological phenomenon.⁶⁵⁶

Eleven years were to elapse between the first and second congresses of International Hypnotism which was held in Paris once more. By 1900, the landscape had changed completely. The death of Charcot had decisively ended the Salpêtrière-Nancy debate in favour of Nancy. The organising committee was entirely French, but according to Gauld, by this time the intellectual momentum had shifted away from France to Germany.⁶⁵⁷ Contrary to the rapid decline of hypnotism described by Janet and Ellenberger there were actually more delegates at the second meeting than at the first, with 211 attendees compared to 171. Therapeutic hypnotism remained a major theme though there were papers on physiology, applications in education and medicolegal aspects. Lloyd Tuckey was an invited speaker, one of six from the UK.⁶⁵⁸ Lloyd Tuckey gave a presentation on the treatment of alcoholism with hypnotism and suggestion. Milne Bramwell spoke on the use of hypnotism in general practice which give a good indicator of the direction of British medical hypnotism at this time.

7.2 Hypnotism, Education and The Sesame Club

In one of his letters, Lloyd Tuckey invited van Eeden to address ‘a club for men and women that I belong to’ which is ‘interested in new and educational ideas.’⁶⁵⁹ The Sesame Club was a liberal and progressive society which was unusual for its time in accepting both male and female members. It had been formed by a ‘group of friends’ who had children of their own and who wished to study and discuss how best to educate them. Among those involved in the club were the Hebrew scholar and intellectual founder of Anglo-Liberal Judaism Claude Montefiore, the artist and educator Ebenezer Cooke and Lady Isabel Margesson, a eugenicist who was a relative by marriage to Emily Shirreff, the Victorian pioneer of women’s higher education.

⁶⁵⁶ Mark Rosenzweig and others, *History of the International Union of Psychological Science* (Hove: Psychology Press, 2000) (pp. 31-5).

⁶⁵⁷ Gauld, ‘The Decline of Hypnotism’, Ch. 25 in *Hypnotism*, pp. 559-74 (p. 560).

⁶⁵⁸ The other British delegates were Frederic Myers, William Crookes, Francis Cruise, James Sully and John Milne Bramwell. ‘The Second Congress of International Hypnotism’, *Journal of the SPR*, 9 (1900) (pp. 261-5).

⁶⁵⁹ CLT, Letter to van Eeden, 20 October 1899, Allard Pierson.

At first, the club was housed in what was described as a 'modest flat' in Victoria but by 1896 it had moved to 'a fine house in Piccadilly'.⁶⁶⁰ By 1897, it had a claimed membership of over nine hundred including George B. Shaw, T.H Huxley and Edith Sitwell. It was composed of those who used it purely as a social club and those parents and teachers who wished to pursue their interest in educational theories and practices. In 1899, those members of the Club who were interested chiefly in these activities formed the Sesame League and they announced their intention to establish a 'House for Home Life Training' modelled on the Pestalozzi-Froebel House. This institution, which was given the name of Sesame House, was opened by the Marchioness of Ripon at St Johns Wood in July 1899.⁶⁶¹

Lloyd Tuckey's membership of the Sesame Club might be seen as unusual for a bachelor. However, his previous writing demonstrated that he was interested in the medical needs of children. His earliest (lost) book was *Diseases of Children with Cases and Remarks* presumably took a homeopathic approach.⁶⁶² He also refers to the effects of suggestion on young people from the third edition of *Psycho-Therapeutics* onwards.⁶⁶³ His comparatively progressive views towards women are most clearly articulated in his later article on marriage for the *Contemporary Review*.⁶⁶⁴ In this article Lloyd Tuckey advocates for matrimony but also supports economic independence, female doctors and scientific training for women. Apparently unironically he says, 'my suffragist friends assure me that the Kingdom of Woman is at hand, and that it will prove the Kingdom of God. I earnestly hope so.'⁶⁶⁵

Lloyd Tuckey was not alone in sensing an important role for hypnotism within education. Many researchers from the US and European centres had been able to prove by experiment an improvement in memory for volunteers in the hypnotic state.⁶⁶⁶ This enhanced memory included the ability to memorize verse or musical melodies. The American physician Osgood Mason was enthusiastic about the value of hypnotism in education, devoting several chapters of his book to the subject, *Hypnotism and Suggestion in Therapeutics, Education and Reform*.⁶⁶⁷ Lloyd Tuckey

⁶⁶⁰ Anon, 'Sesame Club Notes', *Child Life*, 1; 1 (1899) (pp. 53-5).

⁶⁶¹ Kevin Brehoney, 'The Sesame House for Home Training' in *The Froebel Movement and State Schooling 1880-1914: A Study in Educational Ideology* (PhD thesis, The Open University, 1987) (pp. 528-30).

⁶⁶² CLT, *Diseases of Children*.

⁶⁶³ CLT, *Psycho-Therapeutics*, 3rd ed (1891).

⁶⁶⁴ CLT, 'Some Thoughts on Marriage', *Contemporary Review*, 105 (1914) (pp. 366-75).

⁶⁶⁵ CLT, 'Some Thoughts' (p. 370).

⁶⁶⁶ Milne Bramwell, 'Memory in Hypnosis' in *Hypnotism* (pp. 100-11).

⁶⁶⁷ Rufus Osgood Mason, *Hypnotism and Suggestion in Therapeutics, Education and Reform* (London: Kegan Paul, Trench, Trubner, 1901).

describes a conversation with the head teacher of a British boys' school whose pupils found their sums 'came easier to them' than usual after suggestive treatment.⁶⁶⁸

However, for Lloyd Tuckey and members of the Sesame club, education did not just mean academic training, it included moral education: the teaching of values and morality to young people. In the fourth edition of *Psycho-Therapeutics* he writes:

The beneficial and curative action of suggestion is not confined to bodily ailments. We are all acquainted with numerous examples where 'a word in season' i.e. a suggestion falling on a receptive soil, has so influenced moral conduct that it has changed the entire life of the individual.⁶⁶⁹

He had previously written two case reports on this topic for the *Edinburgh Medical Journal* and *Provincial Medical Journal*.⁶⁷⁰ The first described a 13-year-old girl who was cured of repeatedly using scissors to cut up her own and other's clothes by a course of suggestive therapy. The second reported a 16-year-old boy with kleptomania who also responded to hypnotism. In *Psycho-Therapeutics*, he acknowledged the reluctance that some would have to hypnotise their child for their behaviour, agreeing that he would rather a child naturally naughty than hypnotically good if by 'naturally' they meant 'the ordinary faults and shortcomings of free, happy, healthy childhood.' However, in the case of the parents of the 13-year-old girl described, he felt most would employ the only available remedy.⁶⁷¹ The possible moral benefits of the trance state had been identified at least 10 years earlier by his SPR colleague Frederic Myers in his essay on the 'Multiplex Personality' written for the *Nineteenth Century*.⁶⁷² He described a case report of a young woman from the Salpêtrière, who was a 'criminal lunatic', 'filthy in habits, violent in demeanour and with a lifelong history of impurity and theft'. As a result of repeated hypnotism by Auguste Voisin, her madness abated and her character reformed and she eventually became a nurse.

⁶⁶⁸ CLT, *Psycho-Therapeutics*, 5th ed (1907) (p. 112).

⁶⁶⁹ CLT, *Psycho-Therapeutics*, 4th ed (1900) (p.64).

⁶⁷⁰ CLT, 'Case of Mischievous Morbid Impulse in a Child, Treated by Hypnotism', *Edinburgh Medical Journal* 1 (1897) (pp. 635-6); 'Case of Kleptomania Treated by Hypnotism', 13, *Provincial Medical Journal* (Dec 1894).

⁶⁷¹ CLT, *Psycho-Therapeutics*, 5th ed (1907) (p. 116).

⁶⁷² Frederic Myers, 'The Multiplex Personality', *Nineteenth Century*, 20 (1886) 648-66 (p. 666).

7.3 The Medical Society for the Study of Suggestive Therapeutics

In the introduction to the chapter, I proposed that the majority of the uptake for suggestive therapeutics was among general practitioners rather than hospital doctors who tended to be the ones who edited and contributed to the journals. Although the *BMJ* may have been the mouthpiece of the BMA, it did not adequately represent the concerns of the general practitioners who formed the majority of doctors. One of the attempts to bridge this gap was the foundation of *The General Practitioner (GP)* in 1900 by George Brown.⁶⁷³ He had some previous journalistic experience as the editor of the *Medical Times and Hospital Gazette (MTHG)*. However, he came to establish the journal through his chairmanship of the Incorporated Medical Practitioners Association which had been set up originally to represent general practitioners' views and interests, particularly with the GMC, the medical regulatory body.

In 1903, Percy Allan (1869-1927) joined Brown at the *GP* as an editorial assistant. Allan was a GP in Croydon who had met Lloyd Tuckey quite early in his career. After introducing Allan and three other Guy's hospital students to hypnotism at his Green Street home, they had enjoyed 'a long and intimate friendship.'⁶⁷⁴ Allan was another medical member of the SPR who later contributed to Tuckey's obituary for its journal. Allan was very receptive to any work on hypnotism and encouraged Lloyd Tuckey to write for the journal. Between June 1903 and April 1907, Tuckey wrote six papers for the journal on hypnotic topics from pain management to treatment of homosexuality and obsessions.⁶⁷⁵ He encouraged others to share their experiences in the *GP* as Allan and Brown were sufficiently 'open-minded' to print them. This was an important contribution. The historian Philip Kuhn claims that 'there is little doubt that Tuckey's writings, especially in the *GP*, were to be a significant factor in its [hypnotism's] growing popularity during the first long decade of the new century.'⁶⁷⁶

⁶⁷³ This appears to be a different George Brown to the surgeon who had opposed the BMA's approval of the hypnotism report.

⁶⁷⁴ 'Obituary – C. Lloyd Tuckey', *Journal of the SPR*, 22 (1925) 115-7 (p. 116).

⁶⁷⁵ CLT, 'Some Notes on Hypnotic Suggestion', *General Practitioner*, 6 June 1904 (pp. 350-1); CLT, 'Some Notes on Hypnotic Suggestion', *General Practitioner*, 13 June 1904 (pp. 367-8); CLT, 'Some Notes on Hypnotic Suggestion', *General Practitioner*, 20 June 1907 (pp. 382-4); CLT, 'Notes on Some Cases of Obsession', *General Practitioner*, 26 September 1903 (pp. 607-8); CLT, 'Notes on Sexual Perversion', *General Practitioner*, 7 November 1903 (pp. 703-4); CLT, 'The Utility of the Study of Suggestion to the Student and Practitioner', *General Practitioner*, 6 April 1907 (pp. 210-3).

⁶⁷⁶ Kuhn, 'MSSST', Ch.7 in *Psychoanalysis in Britain* (p.162).

The growing appetite for hypnotism among general practitioners had an unexpected result. Two GPs from outside of London, decided that it would be useful to establish a society to support and educate doctors who wished to practice this way and to promote the wider use of suggestion by doctors. They were Alfred Betts Taplin (1856-1939) and Douglas Bryan (1879-1955). Betts Taplin had been qualified for over 20 years but in 1900, decided to practice solely in mental health and primarily using hypnotism. Without a post at a local Liverpool hospital or asylum this was a brave move but he successfully built up his practice by word of mouth.⁶⁷⁷ He presented one of his cases treated by hypnotic suggestion at the Liverpool Medical Institute, which was written up in the *BMJ*.⁶⁷⁸ Bryan was Leicester GP who had also tried his hand at hypnotism and was surprised by his success. He wrote up some of his cases for *MTHG* which had George Brown back as its editor again. It is not clear how Bryan and Betts Taplin came into contact with each other although Kuhn has suggested that it might have been the result of their journal contributions.⁶⁷⁹

Over the summer of 1906, the pair sounded out Lloyd Tuckey, who was now 52-years-old, about becoming president of their new organisation, the MSSST. His initial response was negative. He had previously written to the *Lancet* gloomily suggesting that such a medical hypnotic society could never flourish in the UK.⁶⁸⁰ However they persisted and he eventually agreed. The newly formed group publicised itself in the *GP* and *Journal of the SPR* and first met at Tuckey's Park Lane home on November 8th.⁶⁸¹ There was neither the disdain nor the ignorance that Chettiar and Jones have suggested. Instead, the response was overwhelmingly positive both in the medical and lay press:

We wish the best success to the Medical Society for the study of Suggestive Therapeutics of which Charles Lloyd Tuckey is the president. Psychology in this country has an unparalleled record, it should no longer be behind in the modern age.⁶⁸²

One of the founding principles of the new group was that hypnotism and suggestion were powerful therapeutic tools that should be restricted to medical

⁶⁷⁷ C. M. Vaillant, 'An Historical Sketch of the Emergence of Liverpool Psychiatry', *Journal of the Liverpool Psychiatric Club*, 1 (1963). <<http://www.priory.com/homol/livpsy/19th.htm>> (Accessed 6 May 2020).

⁶⁷⁸ Anon, 'Treatment by Hypnotic Suggestion', *BMJ*, 28 April 1906 (pp. 979-80)

⁶⁷⁹ Kuhn, *Psychoanalysis* (pp. 164-6).

⁶⁸⁰ CLT, 'Correspondence', *Lancet*, 12 October 1889 (p. 776).

⁶⁸¹ Percy Allen, 'M.S.S.T.', *General Practitioner*, 24 November 1906 (p. 748); 'The M.S.S.T.', *Journal of the SPR*, 13 (1908) (p.14-5)

⁶⁸² Anon, 'The M.S.S.T.', *Morning Post*, 4 July 1907 (p.3).

professionals. They went so far as to exclude membership to any doctors that might work with lay-people who either used hypnotism or attempted to cure disease. They had no wish to lose the hard-won monopoly of doctors in treating the sick or the potential loss of status if others were competent to do their work. Presumably, they had in mind 'The London Psycho-Therapeutic Society' (PTS).

The PTS had been founded by the journalist and part-time hypnotist Arthur Hallam (1878-1948) and the spiritualist and 'clairvoyant healer', George Spriggs (1850-1912) in 1901. Its purpose was the advocacy of health reform, medical hypnotism, suggestive therapeutics, curative human radiations, and general drugless healing. Spriggs became the principal therapist and Hallam administered the organisation and ran the journal, *The Psycho-Therapeutic Journal* and the regular lecture series. They achieved remarkable success seeing 2,500 patients in their first ten years. They had also attracted medical practitioners both to lecture and to join their events despite their fringe beliefs and non-medical backgrounds. Without medical qualifications, in the previous decade they would surely have been accused of quackery. One of their greatest coups was to attract Dr Edwin Ash (1881-1964) to join them. Ash was Manchester-trained doctor who was one of the most active and highest profile of a new wave of medical hypnotists who emerged in the early 1900s. He had been invited to join the MSSST with its 'hypnotism for physicians' philosophy but stuck with PTS. The MSSST chose to ignore this and accepted his membership anyway. Ash published textbooks and in 1906 wrote a series of articles on hypnotism for the *Lancet*, a journal which had been hitherto hostile to the technique.⁶⁸³ He remained closely involved with the PTS at least until he set up his own separate medical clinic in 1913. As Kuhn has observed, Ash must have been cognisant of the potential reputational damage to doctors of associating with the PTS because he later sought to distance himself from the organisation.⁶⁸⁴

The eventual name for the new society was proposed by Milne Bramwell though discussions took up much of the first meeting. As I have demonstrated throughout the thesis, the terminology used is highly significant. When people decide to rename things, they can be striving for more technically precise terminology or they can be attempting to disassociate an object or idea from previous unhelpful associations and sometimes both at once. In their attempts to rid animal

⁶⁸³ Edwin Ash, 'Some Experiments in Hypnosis', *Lancet*, 27 January 1906, (pp. 216-20); Edwin Ash, 'The Induction of Hypnosis', *Lancet* 25 August 1906, (pp. 501-4); Edwin Ash, *Hypnotism and Suggestion: A Practical Handbook*, (London: Jacobs, 1907); *inter alia* Edwin Ash, *How to Treat by Suggestion with and without Hypnotism: A Notebook for Practitioners*, (London: Mills and Boon, 1914).

⁶⁸⁴ Kuhn, *Psychoanalysis*, (p. 84).

magnetism of its disproven mechanism, scientists renamed it mesmerism after its most famous proponent. Then to separate it from the theatrical, magical and Romantic associations it became hypnotism. Stage entertainers and mediums were quite happy to re-appropriate the newer concept and word and as a result tarnished it for the doctors and scientists.

However, when Bernheim declared that ‘Il n’y a pas hypnotisme, Il n’y a pas que de la suggestion’ (there is no hypnotism, only suggestion), he did not mean he disliked the name or that he no longer believed in the phenomenon.⁶⁸⁵ He was stressing the central importance of suggestion and his view that the hypnotic state was merely a state of heightened suggestibility. The lasting legacy of the Nancy school was the importance of suggestion with or without hypnotism. In his practice, Bramwell like many of the medical hypnotists, did not always use hypnotic induction at all but continued to use suggestion and wanted this conveyed in the name of the society.

Although initially called the MSSST, in 1910 they decided to rename the society the Psycho-Medical society (PMS). This may have been to better reflect and accommodate the range of psychotherapies that the members followed. In particular, there was growing interest in using hypnotism to uncover suppressed traumatic memories as part of a hybrid of suggestion and Freudian catharsis.⁶⁸⁶ This mixed form of therapy was prevalent enough to find its way into popular fiction. Algernon Blackwood’s short story ‘The Man who Found Out (A Nightmare)’ written in 1912, features a physician, Laidlaw who is permanently relieved of a terrible traumatic memory which is destroying him, by medical hypnotism.⁶⁸⁷ Blackwood had not only been taught hypnotism by medical student friends at Edinburgh University but was also a member of the Golden Dawn and the SPR. In addition, it was an important feature of Rebecca West’s *Return of the Soldier* (1918) in which hypnotism was discussed by Dr Anderson as part of the early mind cure of Chris, a soldier with severe amnesia and regression, damaged by the First World War:

⁶⁸⁵ Hippolyte Bernheim, *L’Hypnotisme et la Suggestion* (Paris: Doin, 1897) (p. 9).

⁶⁸⁶ The story of the interconnections between suggestion and psychoanalysis and their subsequent representations are beyond the scope of this thesis but are well covered by Ellenberger and Borch-Jacobsen. Ellenberger, *Discovery*; Mikkel Borch-Jacobsen, ‘Hypnosis in Psychoanalysis’, *Representations*, 27 (1989) (pp. 92-110).

⁶⁸⁷ Algernon Blackwood, ‘The Man who Found Out’, in *Ancient Sorceries and Other Weird Stories* (London: Penguin, 2002) (pp. 131-46).

Oh, hypnotism is a silly trick. It releases the memory of a dissociated personality which can't be related [...] to the waking personality. I'll do it by talking to him. Getting him to tell his dreams.⁶⁸⁸

Early alternative forms of mental treatment like Dubois' persuasion, Vittoz' re-education, Crichton-Miller's mind-drill and Janet's re-synthesis were all discussed at the society's talks and in its journals. Younger members like Crichton-Miller, who had completed his MD on hypnotism, described innovations to basic hypnotism which included the hypnotism of groups of patients (which as Mesmer had found could enhance the effects) and the use of prescribed drugs like bromide and sedatives to aid hypnosis and increase suggestibility.⁶⁸⁹ The group rapidly grew in size before the war. Starting with 30 members it had attracted 50 by early 1908 when Bramwell took over from Lloyd Tuckey as president.⁶⁹⁰ By 1913 it had grown to 150 members including the previously mentioned Astley-Cooper who specialised in alcohol dependency.⁶⁹¹

In the pre-war period those doctors with an interest in forms of mind cure would join medical societies like the MSSST in order to learn more. Part of the reason for its growth and prosperity was the quality of the presenters in its lecture series. Since so many of its early members were also members of the SPR, they had access to some of the best scholars and most up to date information on British and Continental ideas about the mind. In addition to the highly experienced, Milne Bramwell and Lloyd Tuckey they also heard from another new hypnotic enthusiast, T.W Mitchell who joined the SPR in 2006, Hugh Wingfield, previously a Cambridge physiologist and early psychologist and William McDougall, professor of psychology at Oxford and a major figure in early twentieth century psychology. Philip Kuhn has suggested that the links between the MSSST and SPR were even closer than shared members and overlapping interests. From its inception, the MSSST had access to the SPR journal and 'other SPR facilities including the use of the SPR offices at 20 Hanover Square.' He proposes that this gave the MSSST a considerable leg up with a kind of 'ready-made institutional framework.'⁶⁹²

⁶⁸⁸ The novelist, Rebecca West was a suffragette and her sister was one of early female British qualified doctors. It is likely that she had links to Jessie Murray and May Sinclair of the Medico-Psychological Clinic. Rebecca West, *The Return of the Soldier*, (London: Virago, 2010) (p.126).

⁶⁸⁹ CLT, 'Introduction' to Hugh Crichton Miller, *Hypnotism and Disease: A Plea for Rational Psychotherapy* (Boston: Richard Badger, 1912) pp. 7-10 (p. 9).

⁶⁹⁰ 'MSSST Membership', *General Practitioner*, 1 February, 1908, (p.72).

⁶⁹¹ Kuhn, 'MSSST', (p.169).

⁶⁹² Kuhn, 'MSSST', (p.167).

This also meant that those with experience of suggestive therapeutics were open to other new ideas such as Freud and Breuer's cathartic cure, the initial iteration of Freudian psychoanalytic theory: the idea that the articulation of a psychic trauma could lead to the release of tension and anxiety. When Lloyd Tuckey came to write his sixth edition of *Psycho-Therapeutics* in 1913, he thought it important to cover the new developments from Vienna. Because he did not see himself as sufficiently well-acquainted with Freud's work, he asked another of his proteges, Constance Long to provide a chapter.⁶⁹³ However it was clear from his writings elsewhere that he was familiar with 'Freudism' and the cathartic cure, though like many British doctors he saw it as overly concerned with sex and 'trying and tedious'.⁶⁹⁴

The interest worked both ways: Sigmund Freud was invited and accepted an invitation to join the SPR in 1912. His letters show that he had also read Lloyd Tuckey's case reports and his book closely to ensure there was no taint of the 'Swiss infection' (Jungian ideas) that Long had encountered in her chapter.⁶⁹⁵ Freud himself had originally studied hypnotism with Charcot and Bernheim, but in 1896 famously rejected it for theoretical reasons or a lack of hypnotic skill, before developing free association as his means of accessing the unconscious mind.⁶⁹⁶ As Borch-Jacobsen has shown, this break with suggestion was rather more symbolic than factually accurate and Freud himself continued to use hypnotism with selected patients for many years after this.

There is further evidence of increasing orthodox acceptance and enthusiasm for psychological treatments in general before the war. In 1904, The Hunterian Society oration, an annual speech hosted by one of the more prestigious and longstanding London medical societies was awarded to a medical hypnotist and future member of the MSSST, John Woods. He spoke on his speciality, 'On the Psychic Side of Therapeutics':

There are however, signs that the opposition which treatment by suggestion has met with is growing daily less and less and that this potent therapeutic method bids fair soon to be taught in our schools as a matter of routine. For myself I am gratified and proud to say that I have received

⁶⁹³ Constance Long was a medical doctor and psychoanalyst who eventually gave up hypnotic suggestion for Jungian influenced psychoanalysis. She translated Jung and wrote *The Psychology of Phantasy*. She was president of the Women's Medical Association and helped found the Psycho-Medical Society. 'Obituary – Constance Long', *BMJ*, 3 March, 1923 (p.399).

⁶⁹⁴ CLT, 'Marriage', (p.370).

⁶⁹⁵ Letter from Sigmund Freud to Ernest Jones, 19 March 1914. *The Complete Correspondence of Sigmund Freud and Ernest Jones 1908-1939*, ed. by R. Andrew Paskauskas (Harvard: Harvard University Press, 1993) (pp. 269-270).

⁶⁹⁶ Waterfield, *Hidden Depths*, (pp. 296-301); Borch-Jacobsen, 'Hypnosis' (p. 93).

much help and encouragement from my professional brethren in pursuing this line of treatment and my relations with them have ever been most cordial and pleasant.⁶⁹⁷

The speech was generally well-received by all the medical journals. Five years later another MSSST member, Dr Claye Shaw gave the annual speech for another medical club, the Harveian society. Entitled 'The Influence of Mind as a Therapeutic Agent', it was printed in full in the *BMJ* with an introduction suggesting that the medical profession needed to be 'aware of this trend of public opinion and to ascertain how far suggestion may operate in the treatment of morbid conditions.'⁶⁹⁸

Even the reactionary BMA came around to hypnotism and the psychological treatments eventually. At the BMA national meeting of 1910, Dr. Gardner's presidential address is remarkable for not only the acknowledgement of the importance of the science of psychology but also its recognition of the early pioneers at the SPR. He specifically mentions Myers, Sidgwick, William Crookes and Oliver Lodge but highlights the importance of the medical hypnotists:

Milne Bramwell, Lloyd Tuckey, Charcot, Richet, Lombroso, Liebault [sic], Mercier, Bernheim, are names that will go down to posterity as the pioneers of a movement to study these phenomena from a scientific standpoint and rescue the wheat of psychological therapeutics from the chaff and humbug of Christian Science and spiritual knavery.⁶⁹⁹

⁶⁹⁷ John Woods, 'Abstract of an Address on the Psychic Side of Therapeutics', *Lancet*, 20 February, 1904, 489-92 (p.492).

⁶⁹⁸ Thomas Claye Shaw, 'The Influence of Mind as a Therapeutic Agent', *Lancet*, 6, November 1909, (pp. 1369-73); Thomas Claye Shaw, 'The Influence of Mind as a Therapeutic Agent', *BMJ*, 6 November 1909, 1352-6 (p.1352)

⁶⁹⁹ T. Frederic Gardner, 'President's Address', *BMJ (Supplement)*, 11 June 1910, 362-6 (p. 363).

7.4 The Spiritual Healing Commission

Dr. Gardner's reference to the 'humbug of Christian Science' in his speech to the BMA, indicates not only the contemporaneous rise of the Church of Christian Science but also the scale of the threat that it was felt to pose to the medical profession. The Christian Scientists were an unorthodox American church founded upon spiritual healing which came to prominence in the UK in the early 1900s. However, there were other orthodox church branches like the Emmanuel movement from Boston, USA and individual faith-healers like James Hickson and Edward Montagu, Earl of Sandwich who also emerged and flourished at this time.⁷⁰⁰ A *BMJ* editorial from August 1910 commented that spiritual healing was 'one of the most notable features of the present day.'⁷⁰¹

Christian Science itself was established by Mary Baker Eddy in 1866 after she had experienced the complete and spontaneous cure of all her injuries, sustained in a fall, by reading the Gospel and discovering the 'healing truth'. Her beliefs are contained in *Science and Health* published in 1875, which became the handbook of the church. The main precept of the Christian Scientists was the illusory nature of the physical world.⁷⁰² It followed that sickness and pain were also illusions and that to be healthy only required the acceptance of man's wholly spiritual form. There was therefore no need for science or medicine or any conceivable reason to consult a doctor.

Christian Science was first mentioned in the *BMJ* in 1898. It was reported that Major Cecil Lester had died after dismissing his military physicians and seeking Christian Science treatment for his tuberculous peritonitis. The healer charged him a guinea per week for absent healing through prayer and 'right thought'. The case was described as 'a depressing exhibition of folly and cruelty'.⁷⁰³ The Christian Scientists were the most extreme faith-healing group in their wholesale disavowal of medical intervention; most faith-healers viewed doctors as 'a relatively junior or flawed part of God's ordained healing process.'⁷⁰⁴

⁷⁰⁰ Louis Rose, *Faith-Healing*.

⁷⁰¹ Anon, 'Modern Miracles of Healing', *BMJ*, 20 August 1910 (p. 479).

⁷⁰² Mary Baker Eddy, *Science and Health with Key to the Scriptures* (Boston: Christian Science Publishing Society, c. 1934, 1st published 1875) (pp. 112-3).

⁷⁰³ Anon, 'Faith-Healing', *BMJ*, 15 October 1898, (p. 1187).

⁷⁰⁴ Sheryl Root, *The Healing Touch: Spiritual Healing in England c.1870-1955* (PhD thesis, University of Warwick, 1987) (p. 76).

The physicians were not the only professional group feeling threatened by the rise of Christian Science. The number of followers of the religion had increased rapidly in the US in the 1890s and spread further with the first Christian Science lecturer's arrival in the UK in 1897. The number of churches had risen from 28 in 1892 to a staggering 1500 congregations by 1915.⁷⁰⁵ The majority, but not all, members would have been defections from the Church of England. The historian Stuart Mews suggests that it was the American Episcopalian bishops who were so concerned about the new religion that they requested a coordinated response from the Anglican Church at the 1908 Lambeth conference.⁷⁰⁶ He also identifies a growing interest among the public and the clergy about:

the power of the subconscious mind and the possibilities of using psychological suggestion allied to faith for the alleviation of functional disorders.

and cites articles on these themes in several late Edwardian religious journals.⁷⁰⁷ Additionally, there were still a few Anglican clergy who wished to reclaim religious healing as an integral part of their work and prevent the monopoly of their rivals.

All these factors culminated in a Lambeth conference resolution to set up a meeting with representatives of the British medical establishment to consider a way forward. The joint conference met in October 1910 and established a joint 'committee of inquiry', whose purpose was to define the scope and meaning of faith, religious and mental healing; examine the safety of medically unqualified healers and to promote cooperation between the two professions.⁷⁰⁸

The historian Sheryl Root has argued that the Anglican Church itself was an important factor in helping to moderate medical interest and raise awareness of spiritual healing during this period:

[T]he official involvement of the Church following the Lambeth Conference of 1908 was not something that could have been easily dismissed by the medical profession. Unsurprisingly doctors proved far more willing to

⁷⁰⁵ Charles Herman Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science and a Challenge to its Critics*, 2nd ed. (London: Dent, 1915) (p. 7).

⁷⁰⁶ Stuart Mews, 'The Revival of Spiritual Healing in the Church of England', *Studies in Church History*, 19 (1982) 299-332 (p. 312).

⁷⁰⁷ Mews, 'Spiritual Healing' (p. 313); Samuel McComb, 'The Christian Religion as Healing Power', *Hibernian Journal* (October 1909) (pp. 10-27); Harrington Sainsbury, 'Christianity, Science and "Christian Science"', *Church Quarterly Review* (April 1910) (pp. 63-8).

⁷⁰⁸ Anon, *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry into Spiritual Faith, and Mental Healing* (London: Macmillan, 1914). (p. 8).

engage in sensible debate with respectable clergymen they ever had been to answer the demands and criticisms of vocal but radical individuals.⁷⁰⁹

The reason for the inclusion of this strange episode is that both Lloyd Tuckey and Milne Bramwell were invited to give evidence to the committee which met 19 times and interviewed nine expert witnesses before publishing in 1914. They were considered experts in healing by suggestion and their testimony appears next to the faith healer Edward Montagu, the Earl of Sandwich and five Anglican clerics. The Christian Scientists were notable by their absence and the report makes no mention of the church despite being one of the triggers for the unusual cooperative venture. It appears that their omission was by design.

In his evidence, Lloyd Tuckey summarised his views of the time. There is a hint from his comments that he held an Anglican faith though he may just have been cautious and respectful. Unlike Milne Bramwell, who could not separate the three forms of healing, he was more circumspect in separating spiritual healing from mental and faith healing. He said that the former was

‘miraculous, Divine help from outside, non-physical and outside the ordinary laws of nature. He should like to think that it existed but had no personal experience [...] He connected Spiritual healing [...] with the gifts of the Apostolic Church [...] He had seen no case in England that he could all miraculous.’⁷¹⁰

He explained his view that suggestion was the basis of all mental healing and the work in which he was ‘specially engaged’. He described its mechanism using a mix of models from the subliminal consciousness and hypnotism to the imagination, though the brief format of the report may not do justice to his words. His ideas can be traced to those expounded in the *Proceedings of the SPR* by Frederic and Arthur Myers in ‘Mind-cure, Faith-cure and the Miracle of Lourdes’.⁷¹¹ Ruth Harris has indicated the way that the phenomena at Lourdes a couple of decades earlier could not be adequately explained by the existing positivism of medical science and the role of suggestion and the Myers’ work in a new formulation.⁷¹²

⁷⁰⁹ Root, *Healing Touch* (p. 246).

⁷¹⁰ Anon, *Spiritual Healing* (p. 52-3).

⁷¹¹ Arthur Myers and Frederic Myers, ‘Mind Cure, Faith-Cure and the Miracles of Lourdes’, *Proceedings of the Society for Psychical Research* 9 (1893) (pp. 160-209).

⁷¹² Ruth Harris, *Lourdes: Body and Spirit in a Secular Age* (London: Allen Lane, 1999) (p. 351).

7.5 The Medico-Psychological Clinic

There was another episode towards the end of Lloyd Tuckey's career which indicated both his status and influence and the position of suggestion and psychotherapeutics in national life. This was his brief involvement with the establishment of the Medico-Psychological Clinic (MPC) or the Brunswick Square Clinic as Ernest Jones preferred to denigrate it, which ran between 1913 and 1922. Lloyd Tuckey's role in the foundation of the MPC is noteworthy as it demonstrates not only his social networks but many of the themes that I have been developing through my thesis: the importance of public perception in medical treatments, the overlaps of psychotherapies with the occult and charlatanism and the importance of legitimacy and professionalism to the medical profession. The MPC was initially conceived by Jessie Murray, according to her medical obituary, 'a brilliant and many-sided personality.'⁷¹³ She was a remarkable woman: a psychology PhD student who had already qualified as one of the first British-trained female physicians at the age of 41. She was a member of the MPS (previously known as the MSSST) and later joined the SPR and so would have known Lloyd Tuckey personally.⁷¹⁴ In July of 1913, she and Dr Spearman, the University College London professor of psychology and her doctoral supervisor invited a group of psychotherapeutically inclined doctors to a meeting at 32, Gordon Square, Bloomsbury.

Their purpose was the establishment of a new form of hospital in London: a clinic that could bring together under one roof, the clinical and theoretical aspects of psychology and to teach others. They had invited Lloyd Tuckey, Constance Long, Hector Munro, John Spencer, Dr. Wilkinson, Hugh Wingfield and Maurice Wright.⁷¹⁵ All attended apart from their chairman Edward Montagu, the Earl of Sandwich. Running such a clinic would have been expensive and they aimed to be self-supporting eventually. Existing models of healthcare finance used subscriptions from wealthy benefactors sometimes with additional small payments from the patients. The involvement of Lord Sandwich was Munro's idea. The Earl was already a visiting governor at St. George's and Royal Free Hospital, but perhaps more importantly had access to a wealthy aristocratic circle and was therefore crucial to the organising committee.

⁷¹³ Anon 'Obituaries – Jessie Margaret Murray' *BMJ*, 6 November 1920 (p. 723).

⁷¹⁴ Theophilus Boll, 'May Sinclair and the Medico-Psychological Clinic of London', *Proceedings of the American Philosophical Society*, 106 (1962) 310-26 (p.311).

⁷¹⁵ Anon, 'Proposed Medico-Psychological Clinic in London', *BMJ*, 19 July 1913 (p. 132).

Constance Long made it clear that the new clinic was eclectically oriented and 'proposed to use all forms of psychic treatment, such as persuasion, re-education, psychoanalysis and even hypnotism; and they hoped to form a centre where psychotherapy might not only be obtained but studied.'⁷¹⁶ Lloyd Tuckey was in favour of the new clinic suggesting in the same report that 'if legitimate medicine did not give the public what it wanted, the public would go elsewhere.' He was aware of the success of the Liverpool clinic run by his MSSST colleague, Betts-Taplin as he had written the announcement and request for subscribers in the *Journal of the SPR* the previous year.⁷¹⁷ However, his anxiety about the public seeking non-medical help would have been more related to the publicity surrounding the unprofessional and therefore to Tuckey, illegitimate, PTS of Hallam and Spriggs. In 1910, the PTS had moved to new, larger premises on Bloomsbury Square and found favourable comments in the press for their offer of free psychological treatment to the masses.⁷¹⁸

The PTS journal, *The Health Record* clearly reflected the optimistic mood of the editor and the members at that time. Hallam claimed credit for the journal's role in changing public mood towards mind-cure.⁷¹⁹ What Tuckey would probably not have known was that by 1913 the PTS was in serious financial and existential trouble. The Bloomsbury Square building and the journal were a major drain on their resources and more seriously they had lost their principal therapist, the charismatic George Spriggs the previous year.⁷²⁰ They were forced to abandon the journal and the building. Ultimately, Hallam himself disappeared without trace in 1915 which spelled the end for this version of the PTS.⁷²¹

The group convened by Spearman agreed to rent some rooms near to University College, London where patients could come for treatment. They set the notional charge at half a crown a visit but were clear that they were aiming to help the poorest in society. It was agreed that Munro, Murray, Long and Spencer would form the medical committee for the new clinic. Their first hurdle came quickly when the meeting and its decision were leaked and published in the *Observer* newspaper only three days later and before any notice had been given to the

⁷¹⁶ 'Proposed', *BMJ* (p. 132)

⁷¹⁷ CLT, 'The Proposed Hypnotic Clinic at Liverpool', *Journal of the SPR*, 15 (1912) (pp. 271-2).

⁷¹⁸ George Spriggs, 'The President's Statement', *Psycho-Therapeutic Society, Tenth Report and Financial Statement 1911* (London: 1911) (pp. 20-3).

⁷¹⁹ Arthur Hallam, 'Editorial', *Health Record* (July 1911) (p. 74).

⁷²⁰ Kuhn, 'The London Psycho-Therapeutic Society (1900-1915)' Ch. 4 in *Psychoanalysis* (pp. 49-95).

⁷²¹ Kuhn, 'London PTS' (p. 86).

medical press.⁷²² This was a significant breach of protocol at the time and Murray's friend, the honorary secretary, Julia Turner wrote to the *Lancet* to claim that it had been done without their knowledge or permission.⁷²³

But much worse was to come. Munro's choice of the 74-year-old Lord Sandwich as their chairman was to prove disastrous. Even before the event, Edward Montagu, the Earl of Sandwich, had made no secret of the fact that he believed himself to have occult healing powers which were a divine gift. Montagu had just returned from his tour of India, during which he had 'spoken of healing constantly, and had effected the most remarkable cures.' At the inaugural planning meeting, held at the Botanical theatre, UCL on November 5th, he spoke first to the large crowd which included most of London's neurologists and psychiatrists.⁷²⁴ He described his power of alleviating pain, and said that he had 'treated people in palaces, cottages, and hospitals, a Hindoo monk in a monastery, a Mohammedan in a mosque, and an Indian princess who travelled six hundred miles to consult him.'⁷²⁵

He talked of his personal knowledge of the 'immense power of the mind over the body'.⁷²⁶ Warming to his theme, he described his marvellous ability to heal 60 soldiers severely wounded in the Boer War at his country home in Hitchingbrooke. He had spoken elsewhere of his methods: prayer and the laying on of hands. The *Times* reported that he said that 'He had been asked to explain his power, but he had nothing to explain; he only knew what happened.'⁷²⁷ Both the *Times* and Ernest Jones' account of the meeting are similar and suggest the negative publicity generated: 'the Earl of Sandwich [...] scandalised the meeting by talking at length about supernatural powers that rare people, himself included, possessed.'⁷²⁸

His committee colleagues must have been devastated by Montagu's words. Constance Long, who spoke next, appeared to ignore what he had said entirely. She spoke of the new clinic being for the treatment of depression, insomnia, addiction and morbid attention to bodily ailments, particularly in the poorer classes. She said that it was hoped to join forces with medical practitioners and

⁷²² Anon, 'Proposed Medico-Psychological Clinic', *Observer*, 13 July 1913, p. 7.

⁷²³ Julia Turner, 'Correspondence - The Medico-Psychological Clinic', *Lancet*, 19 July 1913, (p. 175).

⁷²⁴ Kuhn, 'Jones Returns to London', Ch. 20 in *Psychoanalysis* (pp. 351-368) (p. 358).

⁷²⁵ Edward Montagu, *The Memoirs of Edward, Earl of Sandwich* ed. by Mrs Steuart Erskine (London: John Murray, 1919) (p. 275).

⁷²⁶ Anon, 'Lord Sandwich's Experience in Healing: Treatment by Suggestion', *Times*, 6 November, 1913, p. 4.

⁷²⁷ Anon, 'Sandwich', *Times*, p. 4.

⁷²⁸ Ernest Jones, Letter to friends, 2 November 1920, CFC/F05/08, BPS. qtd. in Martindale, 'Hushing up', (p. 193).

would not 'stand in opposition to orthodox medicine but supplementary and complementary to it.'⁷²⁹

After all their work to professionalise psychology and psychotherapy and to separate it from the occult and faith-healing, the committee had been undermined very publicly by their own chairman. The four directors of the clinic performed a rapid damage-limitation exercise. They explained in letters to the *BMJ* and *Lancet* the following week that Lord Sandwich had apologised for the misunderstanding he had caused and he had terminated his association with both the committee and the clinic.⁷³⁰ The Earl claimed afterwards that he thought that he had been asked by the planning committee to give a short account of his experiences in spiritual healing. He had little idea about the different therapeutic approaches to be used at the clinic.⁷³¹ The committee went so far as to distance themselves:

entirely from the occult power Lord Sandwich claims for himself [...] We profess nothing but ordinary medical knowledge acquired in the ordinary way – we have no gift or method not open to every practitioner [...] The whole of the healing art was cradled in superstition. In the minds of many psychotherapy is still tinged with charlatanism, and from this the clinic will help to dissociate it.⁷³²

However, by the end of November, both Constance Long and Lloyd Tuckey both took the decision to leave the clinic. They both wrote public letters to the *BMJ*.⁷³³ In his letter, Tuckey commented he 'could only support a clinic run on professional lines.' The other doctors, Wingfield and Wright soon followed apparently 'in a panic at being identified with such quackery.'⁷³⁴

However, Spearman continued to support Murray and the MPC. Murray had already started to see her first patients at her house on Endsleigh Street in Bloomsbury in October 1913 before the public meeting.⁷³⁵ It moved to Brunswick Square and took on a much higher profile in 1914 when the First World War produced its first psychological casualties and the clinic was co-opted into the war

⁷²⁹ Anon, 'London Medico-Psychological Clinic', *BMJ*, 15 November, 1913, 1311-2 (p. 1312).

⁷³⁰ Anon, 'The Medico-Psychological Clinic', *Lancet*, 15 November, 1913, (p. 1432).

⁷³¹ Edward Montagu, *My Experiences in Spiritual Healing*, (London: Arthur Humphreys, 1915) (pp. 48-9).

⁷³² Anon, 'London MPC', *BMJ* (p. 1312).

⁷³³ Constance Long and CLT, 'Correspondence - London Medico-Psychological Clinic', *BMJ*, 15 November, 1913 (p. 1462).

⁷³⁴ Ernest Jones, Letter to friends, 2 November 1920, CFC/F05/08, BPS. qtd in Martindale, 'Hushing up', (p. 193).

⁷³⁵ Elizabeth Valentine, "'A Brilliant and Many-Sided Personality": Jessie Margaret Murray, Founder of the Medico-Psychological Clinic', *Journal of the Behavioural Sciences*, 45 (2009) 145-61 (p. 151).

effort.⁷³⁶ Although it survived for only nine years and most of its records were destroyed, it has been attributed with a significant role in both early British psychotherapy and British modernist fiction.⁷³⁷

Despite their concerns about their outward public appearance of orthodox professionalism, over the nine years that the MPC ran, it attracted a diverse group of non-professionals including the occultist, Dion Fortune and the novelist May Sinclair.⁷³⁸ As the historian Suzanne Raitt summarised it:

The wide range of personalities and backgrounds that characterised the personnel at the clinic, and the variety of psychotherapeutic treatments that were available here, were typical of the various and evolving methods of 'talking cure' available in Britain in those early years amount[ed] to something like an eclectic indigenous style.⁷³⁹

Several historians have claimed the MPC to be the UK's first psychotherapeutic institution. It was started after the Liverpool Medico-Psychological clinic which although few of its records survive, appears to have practiced mostly hypnotic and suggestive therapy. The MPC was a 'fresh adventure[s] in the field of *preventative medicine*, viz., in *Mental Hygiene* [original emphasis]' and included psycho-analytic treatment in its prospectus though neither Murray nor Turner had formal analytic training.⁷⁴⁰ It was deliberately eclectic in its approach, particularly by comparison with Jones' own London and British Psycho-Analytical Society which were both run on strictly Freudian lines. The MPC also predates the centre at Craiglockhart Military Hospital run by W.H.R. Rivers and made famous by Pat Barker's *Regeneration* (1991) trilogy of novels.⁷⁴¹

⁷³⁶ Anon, 'Psycho-Therapy and the War', *Journal of the SPR*, (1914) (pp. 310-16).

⁷³⁷ Boll, 'May Sinclair'; Suzanne Raitt, 'Early British Psychoanalysis and the Medico-Psychological Clinic', *History Workshop Journal*, 58 (2004) (pp.63-85); Robert Hinshelwood, 'Psychoanalysis in Britain: Points of Cultural Access 1893-1918', *International Journal of Psycho-Analysis*, 76 (1995) (pp. 135-51); George Johnson, 'May Sinclair: The Evolution of a Psychological Novelist', Ch. 4 in *Dynamic Psychology in Modernist British Fiction*, (Basingstoke: Palgrave Macmillan, 2006) (pp. 101-43).

⁷³⁸ The early Modernist writer, May Sinclair was 50 and at the height of her popularity when she was persuaded to join by fellow suffragette, Jessie Murray. Without her early donation of £500 it is unlikely the clinic could have started.

⁷³⁹ Raitt, 'Medico-Psychological Clinic'.

⁷⁴⁰ Pamphlet, 'Special Appeal at Time of War: Medico-Psychological clinic', 8 October 1917, qtd in Boll, 'May Sinclair and the MPC'.

⁷⁴¹ Pat Barker, *Regeneration* (London: Penguin, 2008).

I have used the life, work and networks of Lloyd Tuckey to illustrate a new history for British hypnotism and suggestive therapy quite different to the dominant narrative of the decline and obsolescence of hypnotism after the nineteenth century, a curious but irrelevant heterodox medical cul-de-sac. Ellenberger has previously shown the intellectual debt that the psychotherapies and psychoanalysis owe to hypnotism, but he mostly dealt with the continental European context. Lloyd Tuckey's position as a figurehead for the New Hypnotism in Britain and his continuing work in the area across his career means that he had a practical role in most of the major British developments. These include the battle for medical and public legitimacy with Hart described in the previous two chapters, his experimental and organisational work at the SPR, his medical hypnotism work with alcohol dependency and sexual deviancy, his presidency of the first British society for medical hypnotists the MSSST, his appearance as a witness for the faith-healing commission and his role with the MPC on Brunswick Square. Most of these events have been marginalised and received little previous attention. The senior membership of the MSSST, the invited lecturers and their topics all reflect the continuing hegemony of the SPR in the early British psychology and psychotherapeutic movement, an influence continued with the MPC. Put together, these various episodes and multiple institutions ultimately provide compelling evidence of the importance of Lloyd Tuckey to early British psychotherapy.

Conclusion: The Survival of Suggestion

Hypnotism refers to a physiological state of consciousness as well as to a relationship between the hypnotist and hypnotised. By investigating the state, Charcot's eminence in the late nineteenth century gave hypnotism legitimacy again. However, Bernheim and Liébeault in Nancy were more interested in the relationship and it was this aspect that had the greatest cultural impact and through the concept of suggestion became the most productive. The end of the century was an inflection point. Hypnotism, like mesmerism before it, had become a magical word with powerful positive and negative associations and as much wide-eyed enthusiasm as reactionary scientific backlash. At this opportune time, Lloyd Tuckey and the New Hypnotists adopted the ideas of the Nancy school and combined them with the emerging theories of the SPR. They succeeded in conferring legitimacy to medical hypnotism and suggestion in Britain. In this conclusion, I will sketch out Lloyd Tuckey's final years and demonstrate the survival of suggestion. It survived in a range of forms in popular culture, psychological therapies and in medicine.

My period of study ended in the last chapter in 1914. There are several reasons for this. Firstly, the First World War is often viewed as a kind of historical rupture for Western culture, an episode that changed everything.⁷⁴² Second, for many historians and writers, WWI and the mass of psychological casualties it created, marks the triumphant arrival of more enlightened psychological therapies. I have previously demonstrated the evidence that shows psychodynamic ideas and suggestive therapy had already gained a significant grip on medical and popular culture in the years before the war. Third, and perhaps most importantly it coincides with the end of Lloyd Tuckey's professional career.

In 1914, a year after his public resignation from the MPC, Lloyd Tuckey was one of 23 doctors who volunteered to give their services for free to help the psychological casualties of the First World War. Lord Knutsford, the chairman of the London Hospital, had put forward an appeal for charitable donations in order to buy or rent a large and quiet house in London for 'the men suffering from very severe mental and nervous shock, due to exposure strain and tension' which came to be

⁷⁴² Influentially, the historian Eric Hobsbawm has suggested that the major aspects of Western nineteenth century life continued until they were abruptly terminated by WWI: 'the long 19th century'. Eric Hobsbawm, *The Age of Empire: 1875-1914* (London: Weidenfeld and Nicolson, 1987).

known as shellshock.⁷⁴³ Lloyd Tuckey had offered to be on the staff.⁷⁴⁴ It is not clear how much work he was able to perform for the war effort or privately, as by this time his health was not good. His longstanding valvular heart disease was likely to have caused worsening heart failure.

At the age of 61, Lloyd Tuckey married Beatrice Wood Marsland, a woman 13 years his junior. As a life-long bachelor it seems likely that the marriage was one of convenience as his deteriorating health meant that he needed a carer. Percy Allan suggested in his obituary that despite Lloyd Tuckey's good looks and healthy demeanor he 'never enjoyed robust health.'⁷⁴⁵ The references in his work to his foreign trips to Spain, the Canary Islands, the United States and Australia all support this. Only the year before he had written positively about marriage but from the vantage point of a bachelor and physician of mature age. He gave no hint in the article that he planned to marry soon. The wedding ceremony took place in Eastbourne in December 1915.⁷⁴⁶ She was the only daughter of a London solicitor and a friend of his sister, Deborah.⁷⁴⁷ They lived for a couple of years at his Mayfair residence on Upper Brook Street until his final retirement. They then moved to her family home, *Ingarsby* in Eastbourne on the South Coast.

Despite his poor health, he published the seventh and final edition of *Psycho-Therapeutics* in 1921, with the help of his friend, Percy Allan. He chose to omit Long's chapter on Psycho-Analysis 'as we [sic] felt it is now a recognised and separate treatment with its own literature' not because he had 'ceased to sympathise with this form of therapy.'⁷⁴⁸ Tuckey like the other early British psychotherapists was eclectic and pragmatic in outlook. It was Freud and Jones who were the purists. They rejected all other psychological approaches to enhance the homogeneity of treatment and to emphasise their own unique contributions. In the seventh edition Lloyd Tuckey included a couple of chapters outlining, in short case histories, Allan's experience of using hypnotism and suggestion during the

⁷⁴³ Charles Myers, 'A Contribution to the Study of Shell Shock', *Lancet*, 185, February 13, 1915. (p. 316-230).

⁷⁴⁴ 'Lord Knutsford's Appeal', *Times*, 4 November 1914, p. 5; 'Psycho-Therapy and the War', *Journal of the SPR*, 16 (1914) 310-6 (p. 311).

⁷⁴⁵ Allan, 'Obituary – CLT', *Journal of SPR* (p. 116).

⁷⁴⁶ 'Marriages', *Lancet*, 18 December 1915, (p. 1381).

⁷⁴⁷ On census day 1901, Deborah Tuckey was staying with Robert Wood Marsland and his family. <<http://www.wrightanddavis.co.uk/GD/TUCKEYCHARLES.htm>> [accessed 9/05/20].

⁷⁴⁸ CLT, 'Preface to the Seventh Edition' in *Treatment by Hypnotism and Suggestion or, Psycho-Therapeutics*, 7th ed. (London: Baillière, Tindall and Cox, 1921) (p. vii).

Great War.⁷⁴⁹ It is another example of medicine's collective amnesia that the significant role that suggestion and hypnotism played in the treatment of shellshock has been lost, particularly when WWI and its medical history have attracted so much historical scholarship.⁷⁵⁰

Most medical practitioners and psychologists will be unaware that hypnotism and suggestion ever contributed to their specialties despite their traces left visible in popular culture. However, medical historians and the medical hypnotists are familiar with the powerful processes of collective abjection that occur to unwanted or socially outmoded medical therapies. What has once been inside the body of medical thinking becomes powerfully aversive or at best ignored, once it has been ejected and viewed as outside.⁷⁵¹ William Kroger considers the cultural factors in his introduction to his modern Clinical Hypnosis textbook:

From a historical point of viewpoint, it is interesting that many nostrums and other medical fads have passed into the limbo of discredited procedures, but hypnosis has survived [...] Its powers, medically applied, to cure and to relieve pain been greatly underestimated or ignored by the medical profession because of irrational prejudice. This is not surprising since prejudice is ignorance educated and it is difficult for any individual in any given era to see through the 'smoke screen' of his own culture.⁷⁵²

Lloyd Tuckey remained on the council of the SPR until a stroke meant that he was unable to travel to London to attend the meetings. He lived longer than expected and struggled to support himself financially. He was prophetic when he told his friend van Eeden in 1893, that he would 'never be a rich man.'⁷⁵³ His friends and colleagues petitioned the Home Secretary for a pension for him from the public purse which was refused.

The list of contributory signatures reads like a rollcall of the great and the good of post-war academia and medicine. They included the physicist Oliver Lodge and educationalist Eleanor Sidgwick, the philosopher F.C.S. Schiller, the classicist

⁷⁴⁹ Percy Allan, 'Treatment by Suggestion During the War', Ch.11 in CLT, *Psycho-Therapeutics*, 7th ed. (pp. 347-55).

⁷⁵⁰ *Inter alia* Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (London: Palgrave Macmillan, 2002); Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists 1914-1994* (London: Pimlico, 2002)

⁷⁵¹ The idea of abjection is developed by Julia Kristeva in *Powers of Horror: An Essay on Abjection*, reprinted ed. (New York: Columbia University Press, 1984).

⁷⁵² William Kroger, 'Introduction' in *Clinical and Experimental Hypnosis in Medicine, Dentistry and Psychology*, ed. by William Kroger and Michael D. Yapko (Philadelphia: Lippincott, Williams and Wilkins, 2007) (p. 4).

⁷⁵³ CLT, Letter to van Eeden, 24 October 1893. Allard Pierson.

Gilbert Murray and the Conservative politician and peer Gerald Balfour. These were all connected by their membership of the SPR. There were representatives of the new academic psychology and clinical psychology like William MacDougall and Constance Long and other physicians interested in psychological medicine. However, there is one name that stands out in demonstrating how Lloyd Tuckey's ideas had reached the mainstream and that is the name of William Osler (1849-1919).

Osler was a Canadian physician who made his name at Johns Hopkins hospital in Baltimore before being appointed the Oxford Regius professor of Medicine in 1905 and made a baronet by King George V in 1911. He was renowned for his clinical skills, teaching and medical knowledge. He was probably the most prominent and influential doctor of his time, certainly in the English-speaking world. His backing would have been very helpful to Lloyd Tuckey's cause. While there is not record of any meeting between the two, there is an interesting overlap of interests and beliefs. They were both described by their peers as sociable, charming, cultured and well read.

Each believed in the importance of the non-material aspects of the doctor-patient encounter: the role of faith and the character of the physician in projecting confidence to effect cure. In Osler's speech to a group of medical students he opined that 'it is hard to maintain good spirits amid the trials and tribulations of the day, but it is an unpardonable mistake to go about among patients with a long face.'⁷⁵⁴ Compare this with Tuckey's:

No physician adopting a psychical method of treatment can afford to ignore any legitimate means of influencing the patient's imagination. The best way to attain that end is the assumption and maintenance of a firm yet sympathetic demeanour.⁷⁵⁵

And both were strongly aware of the role of faith in medicine:

A man must have faith in himself to be of any use in the world [...] Confidence once won, the rest follows naturally; and with a strong faith in himself a man becomes a strong centre for its local radiation.⁷⁵⁶

⁷⁵⁴ William Osler, 'The Student Life' in *Aequinamitas* (Philadelphia: Blakiston, 1910) (pp. 413-44) (p. 424).

⁷⁵⁵ CLT, *Psycho-Therapeutics* 4th ed (1900) (p. 157).

⁷⁵⁶ William Osler, 'The Faith that Heals', *BMJ* June 18, 1910, 1470-2 (p. 1470).

In the same article 1910 *BMJ* article, Osler welcomed the ‘recent development of mental healing’ but felt that his own experience had been that of ‘an unconscious faith-healer’.⁷⁵⁷ His colleagues agreed on the force of his personality and the potency of what he called his ‘general cheer-up prescription’.⁷⁵⁸

Despite the improvement in the standing of suggestion and psychotherapeutics, Lloyd Tuckey’s contributions were considered ‘not scientific’ and could not merit a civil pension. However, David Lloyd George did see fit to provide him with a pension from the Royal Bounty Fund, a secret unaccountable trust that only the Prime Minister could award without public scrutiny. The ‘memorial’ from the Bounty fund provided for another six years.⁷⁵⁹ Lloyd Tuckey died of valvular heart disease and the complications of arterial clot in his left leg on 12th August 1925.⁷⁶⁰ Marrying late he had no children and no surviving family.

Charles Lloyd Tuckey is an unjustly neglected figure and this thesis fills in many of the gaps in his elliptical career. I have described his path from physician homeopath to hypnotic convert to researcher and teacher and figurehead of the New Hypnotism movement and demonstrated his stature in many ways. Rather sadly, he resigned from what might have been the pinnacle of his career, a possible consultant post at London’s first psychotherapeutic clinic.⁷⁶¹ Ultimately, he did this for reasons of professionalism, not wishing to be publicly tainted by the spiritualism of Edward Montagu or possibly working in parallel with non-medically qualified mental practitioners.

Despite his many papers and books on hypnotism, particularly *Psycho-Therapeutics*, Tuckey’s contributions to hypnotism and psychotherapy are mostly pragmatic, concerned with case histories and indications for treatment. He did not espouse or develop a clear theoretical position, deriving most of his views from Bernheim and the Nancy school and those of Gurney and Myers in the SPR. Historians and

⁷⁵⁷ Osler, ‘The Faith’ (p. 1471).

⁷⁵⁸ Bliss, *William Osler* (p. 264).

⁷⁵⁹ Thomas (TW) Mitchell, ‘Memorial on behalf of Charles Lloyd Tuckey’, National Archive, PROT1/12460 C677293.

⁷⁶⁰ Certificate of Death, *Charles William Lloyd Tuckey*, 12 August 1925, Eastbourne District Registrar’s Office, File no 298. Informant: Beatrice Mary Lloyd Tuckey [wife of deceased], Eastbourne, Sussex.

⁷⁶¹ There is evidence that Lloyd Tuckey attempted to set up a nursing home in Slough in 1891, offering to use ‘hypnotic treatment in suitable cases.’ ‘Advertisement’, *Times*, 9 and 14 December, 1891, p. 5.

cultural theorists often prefer to follow the evolution and flow of ideas rather than the practice. In medicine, the practice is often much harder to evaluate as the records are fewer and require considerable context to parse and this may partly account for Tuckey's previous neglect. However, as a figurehead, an opinion-former, prose stylist, and minor celebrity, Lloyd Tuckey had a significant part to play in the popularisation and acceptance of hypnotism by both the public and the medical profession.

Lloyd Tuckey's work with medical hypnotism also had significant implications for the developments in the wider concept of suggestion. It was to become hugely influential both within psychology writing and beyond into popular culture. It moved from explaining the dyadic relationship of rapport to group effects. Familiar with the work of the Nancy school, the French anthropologist, Gustave Le Bon considered the impact of suggestion on groups of people. In *The Crowd: A Study of the Popular Mind* (1895), he started to see the behaviour of crowds through the ideas of suggestibility and deferment of will.⁷⁶² He had a negative view about the capabilities of such crowds based on his personal experience of the 1871 Parisian Commune; a working class revolutionary socialist government that ruthlessly held Paris for two months after the collapse of the second Empire. He saw crowds not as the sum of their individual parts but more of a new psychological entity entirely. He proposed a contagion effect in which the individuals of a group were unconsciously sensitive to the mood and behaviour of other members of that group and tended to act and feel together: 'an individual immersed for some length of time in a crowd soon finds himself [...] in a special state, which most resembles the state of fascination in which a hypnotised individual finds himself in the hands of the hypnotiser.'⁷⁶³

Le Bon's work was developed and popularised in the UK by Wilfred Trotter, an English neurosurgeon who coined the term 'herd instinct'.⁷⁶⁴ Because of Lloyd Tuckey and the New Hypnotists, Trotter was already conversant with the idea of suggestion. He initially used it positively to describe how men of science were influenced by their colleagues and teachers to use reason in their work but the concept came to account for the seemingly illogical and often harmful nature of group behaviour. Suggestion soon became the way to understand a wide range of irrational social phenomena: mob violence, stock market bubbles, the mechanism

⁷⁶² Gustave Le Bon, *The Crowd: A Study of the Popular Mind*, (London: Ernest Benn, 1947).

⁷⁶³ Le Bon, *The Crowd* (p. 7).

⁷⁶⁴ Wilfred Trotter, *Instincts of the Herd in Peace and War*, (London: Fisher Unwin, 1916).

by which politicians held crowds at rallies, newspapers influenced their readership and public entertainers enthralled their audiences. It also explained the fads and crazes of mass culture such as Trilbymania. It seemed a powerful way of making sense of the rapid societal changes that followed the decline of social hierarchy and the increasing democratization that occurred in Britain in the early part of the new century.

Suggestion was also harnessed in the service of commerce. Early US psychologists such as Harry Hollingworth and Walter Scott, in common with Sigmund Freud's nephew Edward Bernays moved psychology from academic and medical avenues to more applied avenues, using their insights in the development of advertising and public relations. They all acknowledged the importance of suggestion to the marketing of goods and services. It cannot have harmed their cause that rising affluence and disposable income in the US at this time caused a golden age for consumerism and success for the advertising agencies of Madison Avenue. Walter Scott said, 'Man has been called the reasoning animal but he could with greater truthfulness be called the creature of suggestion. He is reasonable, but he is to a greater extent suggestible.'⁷⁶⁵ The 'father of spin', Edward Bernays was always happy to show the academic credentials of his new craft by teaching at New York University and citing both *The Crowd* and *Instincts of the Herd* in his own work *Crystallizing Public Opinion*, first published in 1923.⁷⁶⁶

Therapeutic suggestion also developed into new forms. Suggestion was absorbed into medicine, remaining an explanatory model in general practice and psychiatry between the Wars. The psychiatrist William Brown had experienced the use of suggestion in WWI and described suggestion in hypnotism and faith-healing as the 'successful appeal to the subconscious mind.'⁷⁶⁷ Like his departmental head at Oxford, William McDougall, he was a senior member of the SPR and Myer's ideas of the potency of the subliminal self can also be seen in his work. McDougall himself had also continued to contribute to ideas of suggestion, describing 'prestige suggestion', the observation that the greater the social standing of the person delivering the suggestion the more likely it was to be effective.⁷⁶⁸

⁷⁶⁵ David Baker and Ludy Benjamin, 'Scott and the Power of Suggestion' in *From Séance to Science: A History of the Profession of Psychology in America*, 2nd ed. (Akron: University of Akron Press: 2014) (p. 138).

⁷⁶⁶ Edward Bernays, *Crystallizing Public Opinion* (New York: Liveright, 1934).

⁷⁶⁷ William Brown, *Psychology and Psychotherapy*, 4th ed. (London: Edward Arnold, 1940) (p. 166).

⁷⁶⁸ William McDougall, *An Introduction to Social Psychology* (Boston: John W. Luce, 1909) (pp. 98-9).

As early as 1888, Hugh Wingfield had discovered that in certain circumstances suggestible hypnotic subjects (in this case Cambridge undergraduates) could hypnotise themselves to lose feeling and motor control of their arms through what he called self-suggestion.⁷⁶⁹ Myers returned to this idea in *Human Personality* proposing that:

it might [not] be possible to dispense altogether with suggestion from the outside altogether in most cases now treated this way, and merely to teach the patients to make the suggestions for himself [...] It has already been used most successfully, and it will probably become much commoner than it is now.⁷⁷⁰

The idea of the patient independently taking responsibility for their own treatment and continuing with it beyond the therapeutic encounter was powerful and spread to many of the psychotherapies, including contemporary subtypes like cognitive behavioural therapy and compassion-focused therapy.⁷⁷¹

Although he had trained in suggestion and hypnotism with both Liébeault and Bernheim, the psychologist Émile Coué would use these concepts to create the new psychotherapy of autosuggestion. Coué had trained initially as an apothecary and had observed that his prescriptions had more effect when he praised the effectiveness of the medication both before and after use. In effect he had observed the placebo effect in action and saw that it was the same process in both chalk pills and hypnotism. In 1910, Coué set up a clinic in Nancy and offered treatment based on his auto-suggestion technique. This involved the frequent repetition of a self-affirming mantra: 'Every day, in every way, I am getting better and better.'

He summarised his approach in *Self-Mastery Through Conscious Autosuggestion*, which was published in England in 1920.⁷⁷² With the influential backing of the psychotherapist Charles Baudouin (1893-1963), autosuggestion became very successful internationally for Coué and there were centres in Paris, London and New York. As a marker of its effect on British popular culture, Couéism is found in a P.G. Wodehouse, Bobby Wickham short story, 'Mr. Potter takes a Rest Cure' and plays a major part in John Galsworthy's, *The White Monkey* (the fourth of the Forsyte

⁷⁶⁹ Although initially published anonymously, Myers later credited Wingfield for the work. Hugh Wingfield, 'The Connection of Hypnotism with the Subjective Phenomena of Spiritualism', *Proceedings of the SPR*, 5 (1888) (pp. 279-89).

⁷⁷⁰ Myers, *Human Personality* (p. 122).

⁷⁷¹ Aaron Beck, *Depression: Causes and treatment* (Philadelphia: University of Pennsylvania Press, 1967); Paul Gilbert, *The Compassionate Mind* (London: Constable, 2009).

⁷⁷² Émile Coué, *Self-Mastery Through Conscious Autosuggestion*, (London: George Allen and Unwin, 1922).

Saga).⁷⁷³ In this story most of the characters have an affirmation. Fleur Forsyte, the pregnant wife of Michael Mont, a future baronet repeats hers through the book, 'every day in every way my baby's becoming more and more male.' Remarkably, in his books and practice, Coué rejected his own role as a healer and the power of the healer's will but instead reverted to the earlier doctrine of the imagination and the patient's power to heal themselves, the *vis medicatrix*. This even included the alchemical notion of *maternal* imagination, the belief that a pregnant woman could determine the gender and features of her unborn child through her autosuggestions as in the Galsworthy story.

Literary representations of classical hypnotism did not develop appreciably over WWI and the next decade. Hypnotism remained enmeshed with occult mesmerism and the hypnotist with the figure of the evil magus. However, the relatively uncomplicated dastardly foreign villains of the early nineteenth century like Guy Boothby's Dr Nikola and Sax Rohmer's Fu Manchu came to be replaced by more complex creations from much closer to home. Aleister Crowley, whom I have already mentioned as a member of the Golden Dawn, was already infamous for his drug use and his libertine lifestyle before moving to the US and apparently collaborating with the Germans over the War.⁷⁷⁴ His forced repatriation from Italy following a death at his commune in Sicily, meant that over the 1920s he had become the subject of a moral crusade by the tabloids and the *Sunday Telegraph* in particular, for whom he was 'the Beast' or 'the wickedest man in the world'.⁷⁷⁵

Somerset Maugham had met the Cambridge-educated Crowley in Paris some years before most of the events that led to his national condemnation. However, his caricature of Crowley, named Oliver Haddo in *The Magician* (1908), is typical of the archetype.⁷⁷⁶ Using magic and hypnotism, Haddo is able to seduce Margaret Dauncey in revenge for the heroic surgeon Arthur Burdon besting him in a fight and humiliating him. The hypnotism represented is one dimensional and despite the modern trappings of the novel, the technique would not be out of place in a mid-Victorian novel used, as it is, to romantically ensnare a suggestible woman. However, the figure of the urbane, scholarly and ruthless English occultist is a more

⁷⁷³ P.G. Wodehouse, 'Mr. Potter takes a Rest Cure' *The Strand*, 422 (February 1926); *Blandings Castle and Elsewhere* (London: Arrow, 2008) (pp. 163-90); John Galsworthy, *The Forsyte Saga Volume 2: The White Monkey/ The Silver Spoon/ Swan Song* (London: Penguin, 2001).

⁷⁷⁴ Several historians have suggested that Crowley was a double agent or at least working in the US to encourage the Americans' involvement in WWI. Martin Booth, 'The Spying Game', Ch. 14 in *A Magick Life: A Biography of Aleister Crowley* (London: Coronet, 2000) (pp. 321-54).

⁷⁷⁵ 'New Sinister Revelations of Aleister Crowley', *Sunday Express*, 25 February, 1923, (p. 1).

⁷⁷⁶ W. Somerset Maugham, *The Magician* (London: Vintage, 2000).

nuanced character that would recur in the character of Mr. Karswell who seeks revenge for the rejection of an academic paper in M.R. James' short story, 'Casting the Runes' (1911).⁷⁷⁷ He also reappears, dispensing a fatal curse to Philip Franton at a gentleman's club in the form of the amoral cultist, Oscar Clinton in H.R. Wakefield's best chiller, 'He cometh and he passes by' (1928).⁷⁷⁸

Within the occulture itself (the culture of the occult), ideas of suggestion in the form of curses and malign will continued to have currency at least up to the 1940s. Dion Fortune, born Violet Firth (1890-1946), trained in psychology and psychoanalysis at the University of London and Brunswick Square and was mentioned in chapter six. She was also a Theosophist and ceremonial magician. She was so preoccupied by the possibility of magically willed harm that in 1930 she wrote a book *Psychic Self-Defence*, apparently based on her own experiences.⁷⁷⁹ Fortune's book makes the link between focused will and hypnotism and cited earlier similar work such as the Christian Scientist, Mary Eddy's writing on malicious animal magnetism. Fortune believed that she had been under sustained psychic attack from Mina Bergson (1865-1928), a high priestess of the Golden Dawn. Mina was the wife of Samuel Mathers its founder and sister of the philosopher Henri Bergson, another occultist. Mina herself believed that she was subject to 'occult attack' after her husband's death in 1918 and had expelled Fortune for disclosing secrets of the Order.

A final but important direction for suggestion was in the attempts to understand the placebo effect. It was not until the 1940s that there was a resurgence of interest in mind/body phenomenon. As a result of his experience of the successful pain relief of severely injured soldiers in a field hospital using saline, due to morphine shortages, the American anaesthetist Henry Beecher became intrigued by what came to be known as the 'placebo' or belief effect. After WWII, he set up a research group at Harvard University to investigate it further. He described their findings in a frequently cited article called, 'The Powerful Placebo' published in 1955.⁷⁸⁰ He was able to repeat his wartime finding that in a total study group of 162 patients

⁷⁷⁷ M.R. James, 'Casting the Runes', *Collected Ghost Stories* (Oxford: Oxford University Press, 2013) (pp. 145-64).

⁷⁷⁸ H. Russell Wakefield, 'He Cometh and he Passeth by', *The Best Ghost Stories of H. R. Wakefield* (London: John Murray, 1978) (pp. 36-58).

⁷⁷⁹ Dion Fortune, *Psychic Self-Defence* (London: Rider, 1930).

⁷⁸⁰ Henry Beecher, 'The Powerful Placebo', *Journal of the American Medical Association*, 159 (1955) (pp. 1602-6).

there were 75% of patients who had their postoperative pain satisfactorily relieved by morphine, but there were 35% who felt just as improved with only salt water. This was not just being stoic, there were corresponding reductions in the physiological markers of pain like pulse and blood pressure. One of Beecher's definitions of placebo was something used 'to determine the true effect of drugs apart from suggestion in experimental work.'⁷⁸¹ Essentially, he was using suggestion to refer to any non-specific healing effects which needed be removed through experimental design in order to know the 'true' effect of a medicine.

The placebo effect has been extensively studied since then and there has been some consensus about its features if not about its mechanism. For example, patients with some conditions are more likely to respond to placebos than other conditions. These include pain, sleep, mild to moderate mental health conditions like depression and anxiety and psychosomatic conditions.⁷⁸² This list may seem familiar as it is identical to the indications proposed by the hypnotists.

There are several theories to explain its action. One is called expectancy theory, essentially the prior belief that any treatment will help, means that it does. Clearly with any treatment the doctor has an important role in increasing the likelihood of a good response by using their prestige, 'selling' the treatment well and finding a shared language for understanding the condition. Another theory is called classical conditioning, which describes the improvement in response that occurs each time the same treatment is used: the patient comes to associate the treatment with feeling better. Originally the researchers who described these models saw them as mutually exclusive, though this seems unlikely.⁷⁸³

Other researchers have demonstrated with functional imaging techniques the impact of hypnotism on the areas of the brain which interpret and modulate the incoming pain messages from the body.⁷⁸⁴ However, this is not to say that the placebo response is fully understood. The presence of changes in the brain proves nothing about the cause. The psychological models outlined in the previous

⁷⁸¹ Beecher, 'Powerful Placebo', (p. 1602).

⁷⁸² Dylan Evans, 'What can Placebos Really Do?', Ch. 2 in *Placebo, The Belief Effect* (London: Harper Collins, 2003) (pp. 25-43).

⁷⁸³ Steve Stewart-Williams and John Podd, 'The Placebo Effect: Dissolving the Expectancy versus Conditioning Debate', *Psychological Bulletin*, 130 (2004) (pp. 324-40).

⁷⁸⁴ Heidi Jiang and others, 'Brain Activity and Functional Connectivity Associated with Hypnosis', *Cerebral Cortex*, 27 (2017) (pp. 4083-93).

paragraph merely describe familiar themes from my thesis with modern terminology.

I want to emphasise the parallels between placebo and the findings of the Victorian hypnotists. The patient's prior belief that the hypnotism would help their medical condition was an important component of success. The explosion of interest in the 1890s both in fiction and in factual journals meant that there was awareness among the lay public of the potency of the treatment which would have enhanced expectancy. Perhaps another reason for the establishment and continued success of Victorian medical hypnotism compared with mesmerism earlier in the century was the number of doctors who believed in it and the new scientific language of suggestion. For the doctor to get the best placebo response they need to convey their own belief. The hypnotic doctors and the fictions of the time were also clear that repeated hypnotic induction resulted in quicker and easier treatments but also an increase in its efficacy with repetition, explained today through classical conditioning. The ideas of behaviourism had not yet arrived.

Irving Kirsch, a modern psychologist who has investigated both hypnotism and placebo effects for over 40 years, has been able to demonstrate that not all placebos are equal. In fact, hypnotism is one of the most potent ways of provoking a placebo response. He describes using hypnotism as an 'extra strength placebo.'⁷⁸⁵ Like many of the alternative medicines, hypnotism has a strong performative aspect which enhances its effects. As I have outlined, these rely on the power of belief, imagination, symbols, meaning, expectation, persuasion and the nature of the healer-patient relationship. Remarkably, when describing the placebo effects of hypnotism at the end of the twentieth century, Irving returns to the language and concept of suggestion:

hypnotic responses and placebo effects share a common mechanism, that of response expectancy. They share a common mechanism because they are subsets of a broader phenomenon: the phenomenon of suggestion.⁷⁸⁶

Therefore, the history and the features of late Victorian medical hypnotism have something useful to say about contemporary medicine, too. The placebo effect is an authentic healing process with both psychological and physical effects but modern medicine still has an ambivalent relationship with this phenomenon.

⁷⁸⁵ Irving Kirsch, 'The David Waxman lecture: Hypnosis and the Placebo Effect', 10 December 2018, Royal Society of Medicine, London.

⁷⁸⁶ Irving Kirsch, 'Hypnosis and Placebos: Response Expectancy as a Mediator of Suggestion Effects', *Anales de Psicología*, 15 (1999) (pp. 99-110) (p. 108).

While almost all medical interactions make use of it, it is largely disregarded in training (replaced with departments of Communication Skills) and discarded in practice. Indeed, medicine's principal tool of evaluation of new treatments, 'the placebo-controlled double-blind trial', uses a control group in order to negate its effects. The critical theorist, Ed Cohen has pointed out the way that this approach has also kept the placebo as a bias or blind spot for medicine.⁷⁸⁷ The reasons for this disregard are the same as for the Victorian medical hypnotists: the implications for professionalism if the locus of healing lies within the patient, the absence of a plausible biological explanation and the apparent mysticism of mind body interaction in a culture of bio-medical reductionism.

It follows that if hypnotism is extra-strength placebo, it should be used more readily for a selection of conditions that do not respond well to conventional medical treatment. Currently, its approved uses are limited to the treatment of phobias, addiction, pain and sleep. But while there has been growing interest in the practical use of placebo, this has not transferred to an increase in the use of hypnotism within orthodox medicine. We still await the confident prediction of Pierre Janet, Charcot's successor at the Salpêtrière, that there 'will be a new turn in fashion's wheel which will bring back hypnotism as surely as our grandmothers' styles.'⁷⁸⁸

⁷⁸⁷ Cohen, '*Placebo Disavowed*'.

⁷⁸⁸ Pierre Janet, *Psychological Healing* I, 2 Vols. (London: Allen and Unwin, 1925) (p. 151)

Appendix 1:

Lloyd Tuckey to van Eeden correspondence transcribed

Charles Lloyd Tuckey's letters to Frederik van Eeden can be found in the Allard Pierson University library in Amsterdam (Allard Pierson, University of Amsterdam, Hs. XXIV C 81). The pair first met during CLT's exploratory trip to Europe in the summer of 1888. After visiting Liébeault in Nancy, he next went to the Amsterdam Suggestive Psychotherapy clinic to meet two of his disciples, Dr. Frederik van Eeden and Dr. Albert van Renterghem. CLT was encouraged as he thought that the Dutch middle class that they treated were closer to his own practice population than the Nancy peasant workers seen by Liébeault.

Like CLT, Frederik van Eeden was also literary and intellectual. As well as a prominent international psychiatrist, Van Eeden is best remembered in the Netherlands for his novel *Johannes*. The two had a good deal in common and struck up a friendship which though apparently strained by the Boer war lasted until Lloyd Tuckey's illness forced his retirement.

I

December 14th, 1888

Dear Dr Van Eeden,

The bearer of this Mr Massey Shaw is supposed to be suffering from atrophy of the optic nerve but he has improved in sight during the last few months so the diagnosis may be incorrect. I have examined his eyes with an ophthalmoscope and have found the discs anaemic and too pale.

I have only seen Mr Shaw twice. He has had muscarinic? treatment and when I hypnotised him by fixation of the eyes and suggestion he only went in to the first degree. He is anxious to go off more soundly.

Another gentleman I have seen Mr Green is likely to consult you in a week or two. He suffers from neurasthenia. With kind regards, I remain yours very truly

Charles Lloyd Tuckey

I have a good many cases with treatment. The majority of the men I find just pass beyond the first degree of sleepiness.

II

December 27th, 1888

Dear Dr Van Eeden,

My opinion has just been asked as to the applicability of the psychotherapeutic system to the following case: Major F (a gentleman of high position) has been married to a very charming wife for some years. He is a strong-looking man of less than 40 years of age, and he is able to have connection with his wife as often as most men, and he has abundance of seminal discharge. But they have no family and when a leading physician came to examine the semen, he found there was a total absence generally of spermatozoa and if any were present they were motionless and dead. This microscopic examination has been repeated several times and always with the same result.

The man is not at all nervous or out of health. He has had gonorrhoea and swollen testicles many years ago.

My opinion is that such a case is hopeless but your experience is so large that I venture to ask you if you have had such a case, and if you have found the treatment successful.

I don't feel inclined or competent to take on such a case at present and therefore if you think you would be likely to succeed in altering the characteristics of the semen I should advise him to go to Amsterdam and put himself under your care.

The article in the Nineteenth Century (for which the editor paid me twenty pounds) has brought me a number of patients. My book will be published in about 2 weeks. I shall of course send you a copy.

With kind regards and best wishes for 1889, I remain yours very truly,

Charles Lloyd Tuckey

III

March 23rd, 1890

Dear Dr Van Eeden,

I am sending you a copy of the second edition of Psychotherapeutics. The first edition went off very well and the treatment is making steady progress in this country. Unfortunately there are a good many performing magnetisers about who stir up medical prejudice and public fears, and shame societies.

I publish the case of Mr Huly whom I am much obliged to you for sending to me. He is [the] most successful case of the kind I have yet had and considering his age and habits I think it is very striking. Yours and Dr van Renterghem's straightforward and interesting book is a good deal quoted in England and it is certainly just the thing that is wanted. My book contains the only work of the kind written by an Englishman but there is an American translation of

Bernheim's in the field and we are shortly promised a translation of Dr. Albert Molls [sic]. The more the merrier.

From what Mr Huly told me I judge that you are prospering greatly and for this I am sincerely glad.

He tells me however that you have still great prejudice against you.

Perhaps you will be able to write a short review of my book in the *Revue de l'Hypnotisme*. If I can do anything for you over here please let me know and I hope before very long you will pay London another visit.

With kind regards to Dr van Renterghem and Mrs Van Eeden, Believe me yours very truly

Charles Lloyd Tuckey

IV

July 23rd, 1890

Dear Dr Van Eeden,

There is to be a great battle about hypnotism at the meeting of the British Medical association next week at Birmingham and I am appointed to answer Dr Norman Kerr's contention that the practice should be forbidden. He will contend that the treatment is followed by weakening of the intellect and epileptic fits.

I am writing to the most eminent continental physicians on this point and I should be greatly obliged for your prompt reply* on a postcard. I will send you [a] report of proceedings.

With kind regards, I remain yours very truly

Chas Lloyd Tuckey

*including the full meeting views (?)

IV

October 14th, 1893

My dear Van Eeden,

It is a long time since I heard from you. I hope you are well and flourishing. Bramwell tells me he paid you a visit the other day. He is in London doing nothing but hypnotism whereas I, though the bulk of my work is hypnotic, call myself a general physician.

I am sending you and van Renterghem a case and I hope you won't curse me for doing so. The patient is Mr. Thomas of Gloucester. He is a retired chemist of good income and social position. He thinks himself obsessed and influenced for

his harm by people and things which cause pain, spasms, pressure on internal organs etc.

He is not hypnotisable by the usual method and in fact he does not let me try it, for he says our methods partake of the nature of quackery and are only to deceive the ignorant. He knows also that the powerful hypnotist has merely to exert his power and the patient is influenced. He says that though well-intentioned I lack power. And therefore I send him on to you. I have told him that you have extraordinary power which is only equalled by Renterghem!

The English papers are full of a Dutch murder and say that De Jong and van Renterghem are going to be got to hypnotise the murderer a man named De Jong to get a confession out of him. Is it true?

I went to Norway for my holiday and enjoyed it very much. I have been busy since I have been back writing a paper on the Value of Hypnotism in the Education of Children. I will send you a copy of it. I have also written a paper on the modern treatment of alcoholism which is to be read by a prominent lady at a Great Woman's meeting at Leeds next month. I will also send you a copy of that.

I am using Brown Sequard's preparation in more cases of neurasthenia. Have you tried that?

With kindest regards to Mdme. Van Eeden and Dr Van Renterghem, I remain truly

Chas Lloyd Tuckey

V

October 24th, 1893

My dear Van Eeden,

Many thanks for your kind and interesting letter. It is always nice to get a letter from an idealist in these materialistic days. I know that your life is in agreement with your sentiments. I disagree with you though about tissue injections. Surely if it is proved that they restore sick people to health we are bound to use them as physicians whose first duty is to cure our patients.

I know several cases of myxoedema in which the patient's state was pitiable and hopeless and yet a few injections of thyroid extract has given them a new lease of life. Surely that is allowable, and we have the testimony of skilful and honourable men given in favour of the other gland extracts. I want you [to] write an article on the subject in The Medical Review. I am sure Hack Tuke would get it in for you.

I find that well disposed patients get well under suggestion when only a very slight degree of hypnosis is induced, but alas most of my patients are not well disposed but are a contradictory lot. Then I have to hypnotise to the possible extent to get suggestion to act. I have just heard from Witterstrand. He wants my consent for a friend of his to translate my book into German. Of course I give it as it is a great honour.

Alas my friend, you are mis-informed I am not becoming a big man and I shall never be a rich man. Bramwell is a Scotchman and very likely will.

With kindest regards, yours very truly,

Charles Lloyd Tuckey

VI

August 19th, 1894

My dear Van Eeden,

Many thanks for your kind letter. I am always so glad to hear from you. I sent your note on to Mr P Bunting, the editor of *The Contemporary* but I know he is away for a few weeks in Switzerland. I hope he likes (?) your article which will I am be sure most interesting. We have so few poets and philosophers in our grossly material profession that your views will be a treat.

I am myself going in seriously for a course of occultism and I expect to emerge from it more liberal minded and with extended sympathies. I find it so necessary to take up new lines of thought from time to time or I become petrified.

It was very kind of you to call on my brother. I should not have troubled you had I known he would only make such a short stay. He says he found Amsterdam so hot that he couldn't stand it so he hastened to Switzerland where he now is. I hope you will meet another time for you would like me another(?).

I expect Mr Bunting will want to see and read your article. He has file-listed two of mine. But a third which I think is the best – on compulsory seclusion of inebriates – he has rejected.

I am going to America for my holiday and sail in the Habsburg for New York from Southampton on September 1st.

With kind regards, I remain very sincerely

Chas Lloyd Tuckey

VII

October 19th, 1894

Dear Van Eeden,

I am very much obliged for your and Dr van Renterghem's book. I find it admirable in every respect and you deserve immense credit for your careful work. Surely such a work must carry conviction to any honest minded inquirer, for facts are stubborn things and you give hard facts without prejudice.

Dr. Ferrier's address is 34 Cavendish Sq. W. and Dr. Waterville's 30 Willbeck St. W.

Ferrier is still sceptical and between ourselves ignorant of the subject. I have just cured a patient of his, a boy of 16 of kleptomania, but even that does not seem to have produced much effect. An old fashioned psychologist said to me the other day in reference to telepathy, 'I don't mean to accept it as long as I can possibly deny it, for it means the upsetting of some of my dearest theories.' It is so with many physicians and hypnotism.

I have just returned from a very pleasant holiday in America, where I met many leading physicians. They are much more open minded there than in England and there is a general largeness of thought corresponding perhaps to the vast size of the country.

I hope you will (?) a visit to London and stay with me. Yours very truly

Chas Lloyd Tuckey

VIII

December 25th, 1894

My dear Van Eeden,

One naturally thinks of one's friends at this season, and I have an additional reason for thinking of you because I have just finished reading 'Little Johannes' which you were kind enough to tell your publishers to send me. I like it greatly and it is very admirably translated.

I always feel that you are a *gaga airs* (?) in our practical profession of medicine.

I see you are very down on vivisection. I have never practised it myself nor would I do so but I find it very difficult to condemn it *in toto* when so many men I respect assert positively that it is necessary and useful. I think the licensing system we have in England is a good thing and I should like to see it (vivisection) further restricted. As a part and lover of nature no doubt you feel the unity of everything living. And that it is a desecration to tamper with beings which are our fellow creatures.

I hope your paper will soon appear. I think it would suit the (?)journal well. Are you yet coming over to England this year. I can promise you a hearty welcome if you do. Yours very sincerely,

Chas Lloyd Tuckey

IX

Jan 22nd, 1895

Dear Van Eeden,

I think your wife faces no difficulty in placing the young Dutch lady with a nice English family. I imagine that they would take her for about £100 a year. I mean of course nice quiet people. If you wanted to launch her into fashionable society it

would cost £500 for the London season – 3 months – and she would probably be spoilt for a quiet life afterwards. Plenty of ladies of sauce and tittle take charge of rich Americans and colonial girls and bring them out for a big fee. The idea is to get them (?) married. I imagine that Lady Waltz will be able to help you in this matter. You see as I am a bachelor I have not great opportunities of hearing these things.

I hope you will get the money for the book. I think the publishers are all right.* [I know some authors who think very highly of Heinemanns]

If you can come to London in April I would be delighted to have you stay with us.

With kindest regards, very truly

Chas Lloyd Tuckey

X

Nov 20th, 1895

My dear Van Eeden,

I have heard from Mr Guinness's tutor and he asked me for your address so that he might write to you for your opinion of the case. He will ask your fee for this and I would suggest your fixing it at a guinea. As you consider it and I think it justly so that his bad habit has a good deal to do with his symptoms you will find it rather difficult to give your report without referring to it but Mr Guinness is most anxious that no one should know of it and I think we must respect his wish. His father, Lord Iveagh consulted me the other day to see if I could give him confidence to speak in public and to shoot. He is one of our richest peers but his inability to shoot or orate prevents his being quite happy. Such is life. I told him I would try out some hopes. I have not seen Mrs Meadows Taylor. If you cure my patients so very thoroughly I shall really feel afraid to send you any more. I hope your last visit was sufficiently pleasant to make you repeat it. London is I find very interesting in the wintertime and meeting nice people makes one forget the disgusting fogs. Please give my kind regards to Mrs Van Eeden and with best wishes believe me yours very truly

Chas Lloyd Tuckey

XI

October 20th, 1899
88, Park St
Grosvenor Square

My dear Van Eeden,

Myers tells me that you are coming to London to give a paper to the society for Psychical Research. I am glad to hear it and I am sure it will be very interesting. Perhaps you will also give an address at a club for men and women I belong to called the 'Sesame' club.

We are interested in new and educational ideas and an account of your experiment of which I heard from Miss Marsland would interest our members. But this is by the way and I don't want to trespass on your good nature and valuable time and write this to cordially invite you to stay in my small house while you are in London unless you are otherwise engaged.

Please give my kind regards to Mrs. Van Eeden and Belin...(?)

Yours most truly

Chas Lloyd Tuckey

XII

May 14th, 1900
Sesame Club
29, Dover St
Piccadilly

My dear Van Eeden,

I have shared your note to our friend Mrs Ashton Johnson who is as you know a pro-Boer and she is simply hurt because in spite of this you have not included her among the people you wish to see when you come to London. Now both Sturdy and Miss Freer are patriotic. The latter's address is The Laurels, Bexley Heath, Herts. I will endeavour to arrange a lunch at this club where we may all meet.

You are somewhat wrong in the view you take of my (?position) in regard to this war. I hate all wars and especially this one and I should think myself 'degenerate' indeed if I were untrue to my self/salt. A lot of well meaning people do a lot of harm by s...ing down their own country to foreigners. I told you they are in a hopeless minority. Others like the inferior and (?) side with any enemy of England. The fact of these people being on one side generally is sufficient to prove it the wrong one. Some people say the Free Staters are now suffering some of the ills they wantonly inflicted on the poor British farmers in Natal. War is a horrid business and is not waged with rose-water. If a cow gets in front of a locomotive engine it is apt to go hardly with the cow as G. Stephenson said. But I don't see why for the sake of fighting and I suppose no other country could have such an absurdly quixotic collection (?) of an enemy.

I had a sitting with Mrs Thompson and am sorry to say it wasn't very successful. My brother nearly died of fever and privation at Ladysmith but is now allright again.

Hope things will soon be settled. English rule is not such a terrible infliction though I am afraid no place can be found for Dr. Lloyds (?). You and I should talk about the war which we both hate and about which I expect we both see faults on both sides, when there are so many subjects on which we agree.

If you will not occupy my spare room I can give you these two addresses of boarding houses 57 Lancaster Gate and 24 Granville Place W. The terms are about 42/- a week. No 17 Bryanston St is a nice lodging home near here.

What do you think of Lord Methuen raising a monument to that soldier of fortune, Villebois. A brave man but one who simply fought...

XIII

April 21st, 1913
Bayswater Hotel
Kensington Gardens
London W.

Dear Van Eeden,

Constance Long is not a member of the SPR and therefore will not hear your paper tomorrow. She is much interested in the subject of dreams and asks me to ask you to lend her a copy of the ms [manuscript] for a day or two. I think you will agree with me she is one of the leading woman doctors and president of the woman's medical association.

With regard to acceding to Miss Johnson's request I advise you to do so. If you are in doubt ask the advice of Mrs. Harris and act upon it.

She is a representative woman. It is no good running counter to popular... is a very clever and charming and charming and I am sure that your copy will be safe in her hands.

She wants you to have lunch with her at Maxine's, Wardour Street on Thursday at 1PM. Please write to her and tell her if you can go. Her address is 10 Waltersville Road, Crouch Hill. She also has consulting rooms at 2, Harley Place, Harley Street W.

I want the paper to be a success. In your final reply you can say something about Freud's exaggerated sexuality. Dr. C Long says if you can let her have the paper tomorrow evening she will return it to you when you meet her at lunch on Thursday.

With Kindest regards, yours truly,

Chas Lloyd Tuckey

Appendix 2: Memorial on Behalf of Dr. Lloyd Tuckey (1919)

MEMORIAL ON BEHALF OF DR. LLOYD TUCKEY.

We, the undersigned memorialists, respectfully beg to submit the name of Dr. Lloyd Tuckey as one eminently deserving a Civil List pension. Through serious illness Dr. Lloyd Tuckey has had to relinquish his medical practice, and owing to this cause is now in very straightened circumstances.

Our present day knowledge of the principles and practice of Psychotherapeutics, in all its forms, would have been impossible but for the work of the hypnotists. Lloyd Tuckey was the pioneer in this country of the revival of Hypnotism and Suggestion as therapeutic agents in medical practice; which took place about thirty years ago. Forty years earlier James Braid had shown that hypnotic phenomena were identical with those of so called animal-magnetism, and when Tuckey began his psychotherapeutic work the prejudices which had arisen in connexion with Mesmerism or Animal Magnetism were still very prevalent. Consequently great courage and singleness of purpose were required by any medical man who advocated the use of hypnotism in medical practice. Tuckey had these virtues in an eminent degree. In 1889 he published his work on "Treatment by Hypnotism and Suggestion" which has been a standard treatise on the subject up to the present time, and has gone through many editions; the then President of the Royal College of Physicians in Dublin, the late Sir Francis Cruise M.D., having written the preface to the fifth edition.

Dr. Tuckey's work has prepared the way for the recent great increase of the practice of psychotherapeutics, a branch of medicine which, after long neglect in this country, is now generally recognised as one of the first importance and destined to undergo great further development in the near future.

T. W. Mitchell M.D.

N. F. Barrett F.R.S.

W. McDougall Esq. B., F.R.S.

F. C. S. Schiller M.A. D.Sc.

M. Osler [B.Sc., M.D., F.R.S. &c.]

Gilbert Murray [D.Litt., LL.D. &c.]

Sir L. Lane Fox Pitt

A. Wallace Esq.

Charles S. Myers M.D., Sc.D., F.R.S.

G. W. Balfour M.A. P.C.

Phyllis Mildred Sidgwick [Hon. D.Litt., Hon. LL.D.]

Mamm. D. Knight M.D.

V. J. Woolley M.D.

Agnes Lunge M.D.

Constance E. Long M.D.

Mary C. Bell M.B.B.S.

Ettie Langer M.B.B.S. (Lond)

Mary H. L. Bunting

Oliver Lodge FRS

Appendix 3: Publication from the Thesis

Psychiatry in History

Charles Lloyd Tuckey and the “new hypnotism”

Gordon D. L. Bates

The Second Coming of Medical Hypnotism

At the end of 1919, a distinguished group of Edwardian physicians, scientists and other notables petitioned the British Prime Minister for a civil list pension for one of their colleagues who had fallen on ‘straightened circumstances’ as a result of illness. The unlikely subject of their lobbying was a hypnotist: Charles Lloyd Tuckey, a member of the Medico-Psychological Association (the forerunner to the Royal College of Psychiatrists), who could no longer practice because of cancer and paralysis. The correspondence can be found in the records of the mysterious Bounty Fund in the National Archive at Kew (PROT1/12460 C677293).

The campaigners or memorialists, as they described themselves, included the renowned Canadian physician, William Osler, the eminent Great War psychiatrist, Charles Myers, the parliamentarian, Gerald Balfour and two physicists and fellows of the Royal Society, Oliver Lodge and William Barrett. They argued that Lloyd Tuckey merited a pension because of his contribution to society in bringing medical hypnotism to the UK in the 1890s. They praised his ‘courage and single-mindedness’ in bringing the technology from France when the prejudices against ‘animal-magnetism’ or mesmerism were still very prevalent. By the end of the century, the trance state induced by mesmerism was better known as an essential component of magic shows or spiritualism. In the letter, they invoke, but do not directly mention, the controversial figure of John Elliotson, the founder of University College Hospital and populariser of the use of the stethoscope, whose medical career was destroyed by his advocacy of mesmerism in the 1840s.

Charles Lloyd Tuckey was the author of *Psycho-Therapeutics: or, Treatment by Hypnotism and Suggestion*, the first English language textbook on medical hypnotism that ran to seven editions between 1889 and 1921. According to his contemporaries and obituary writers, he was a charismatic and popular speaker who toured the local groups of the British Medical Association across the UK, demonstrating and lecturing on the healing applications of the trance state. Across the medical press and gentleman’s journals such as ‘The Nineteenth Century’, he made the case for its therapeutic use by the medical profession and restrictions to its trivial use in popular spiritualist seances and by stage magicians. In the 1890s, he was engaged in a very public dispute in both medical and lay journals with the editor of the British Medical Journal, Ernest Hart whose opposition to medical hypnosis was as forceful as his other campaigns against insanitary conditions and the anti-vaccination lobby.

The last paragraph of the letter to the Prime Minister makes a claim that will surprise many: ‘Dr Tuckey’s work has prepared the way for the recent great increase of the practice of psycho-therapeutics, a branch of medicine which, after long neglect in this country, is generally recognised as one of the first importance and destined to undergo great further development in the near future’. Whereas most historians and psychiatrists will know that the massive number of psychological casualties caused by the First World War was responsible for a change in both the public awareness and recognition of mental illness, fewer may be aware of the

direct lineage of talking therapies from hypnosis. The case for this genealogy was first made by the medical historian and psychiatrist Henri Ellenberger in his classic monograph, *The Discovery of the Unconscious*, first published in 1970. Despite this, the importance of hypnosis is still not widely appreciated as a result of the hagiographic Freudian histories of dynamic psychology that place Freud as the originator of psychotherapies and ideas of the unconscious. In fact, it can be reasonably claimed that by using it in his book title, Lloyd Tuckey established the term psycho-therapeutics in the UK, a good two decades before Freud's work appeared in English translation.

Readers will be pleased to know that this early pioneer of psychological therapies was rewarded with a pension of £200 and lived for a further 5 years. Tellingly, he could not be given a civil pension by the Department of Health as his contributions were considered 'not scientific', a recurring criticism of hypnosis. However, David Lloyd George did see fit to provide him with a pension from the Royal Bounty Fund, a secret unaccountable trust that only the Prime Minister could award without public scrutiny.

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